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WWW.HECTORPT.COM

PHYSICAL THERAPY ORDER FORM

CLIFTON PARK OFFICE

Southern Saratoga YMCA
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Fax: (866) 416-1258
therapy@hectorpt.com

COLONIE OFFICE

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Administrative Office

13 Firefox Bend
Clifton Park, NY 12065
PH: (518) 877-4970
Fax: (866) 416-1258
therapy@hectorpt.com

Patient Name:

Date:

Date of Birth:

Phone:

Diagnosis:

Physician Instructions/Precautions:

Referring Physician Name (Printed):

NPI #:

Phone:

Fax:

Type of Order:

Initial Evaluation and Treatment

Change existing Plan of Care

Continue same Plan of Care

Discharge

Hold Therapy

New Diagnosis

Frequency:

x week

Duration:

x weeks



PHYSICAL THERAPY ORDER FORM

Patient Name: _____

REFERRAL

<u>EVALUATION / ASSESSMENT</u>	<u>SKILLED THERAPY PROGRAMS</u>	<u>MODALITIES AND THERAPEUTIC TREATMENTS</u>
Evaluation and Treatment	Arthritis Management	Aquatic Physical Therapy
Balance/Fall Prevention Evaluation	Cardiac Rehabilitation	ADL Training
Sports Injury Assessment	Edema Control	Balance/Proprioceptive Training
Sports pre-season screening	Home Exercise Program	Biofeedback
Other	Injury Prevention/Education	Body Mechanic Education
	Neurological Rehabilitation	Cryotherapy/Moist heat
	Osteoporosis Management	Electrical Stimulation
	Pain management	Gait Training
	Pediatric Rehabilitation	Iontophoresis
	Pre-operative Education/Rehabilitation	Manual Therapy/Joint mobilization
	Vestibular Rehabilitation	Neuromuscular Re-Ed
	Wellness Program	Traction
	Women's Health Program	Therapeutic exercises
	Work injury/return to work program	Ultrasound
	Other	Other

Physician Signature: _____ Date: _____