



This form may be completed online. Tab or move cursor to text field and type in text. For HIPPA Compliance reasons this form IS NOT TO BE SAVED with patient information. Selecting the PRINT button will clear all information.

WWW.HECTORPT.COM

PHYSICAL THERAPY ORDER FORM

CLIFTON PARK OFFICE

Southern Saratoga YMCA
1 Wall Street
Clifton Park, NY 12065
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Fax: (866) 416-1258
hectorptsports@gmail.com

GREENBUSH OFFICE

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20 Community Way
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COLONIE OFFICE

Beltrone Living Center/CSSC
6 Winners Circle
Albany, NY 12205
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Administrative Office

1 Wall Street
Clifton Park, NY 12065
PH: (518) 371-5554
Fax: (866) 416-1258
hectorptsports@gmail.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: _____