RICHMOND PHYSICAL THERAPY
Daniel Building, Suite 299
3805 Cutshaw Avenue,
Richmond, VA 23230
Ph: 804.340.1193
Fax: 804.340.1930
www.richmondpt.com

ASHLAND PHYSICAL THERAPY
203 N. Washington Hwy.
Ashland, VA 23005
Ph: 804.798.1112
Fax: 804.798.1171
www.ashlandpt.net

ORTHOPEDIC AND SPORTS PHYSICAL THERAPY

TODAY'S DATE: _____

DATE LAST SEEN IN OFFICE: _____

PATIENT NAME: _____

DIAGNOSIS:

TREATMENT: ❑ MODALITIES ❑ MOBILIZATION ❑ THERAPEUTIC EXERCISE ❑ ORTHOTICS

FREQUENCY: ❑ 1X WEEK ❑ 2 - 3 X WEEK ❑ DAILY

OTHER:

DURATION: ❑ 1 WEEK ❑ 2 WEEKS ❑ 3 WEEKS ❑ 4 WEEKS ❑ PER PROTOCOL

GOALS: ❑ DECREASE PAIN ❑ DECREASE SWELLING ❑ INCREASE STRENGTH ❑ INCREASE RANGE ❑ INCREASE ENDURANCE ❑ INCREASE COORDINATION ❑ RETURN TO PREINJURY/ILLNESS FUNCTIONAL CAPACITY

COMMENTS:

SIGNATURE: _____ M.D.

OFFICE PHONE: _____