TOSPT | Tallahassee Orthopedic & Sports Physical Therapy

GET BACK IN THE GAME!

NAME _____

DOB _____ PHONE _____

DATE _____ DATE OF ONSET _____

DATE OF SURGERY _____

DIAGNOSIS _____

PATIENT RETURNS TO PHYSICAN, DATE _____

Physicians Orders

EVALUATION

- ○ Physicial Therapy Evaluation
- ○ Functional Capacity Evaluation
- ○ Permanent Impairment Rating
- ○ Job Site Evaluation
- ○ DWC 25

GOALS

- ○ ROM
- ○ Pain
- ○ Home Exercise Program
- ○ Strength
- ○ Coordination

TREATMENTS

- ○ Gait Training
- ○ Therapeutic Exercise
- ○ Functional Exercise/Training
- ○ ADL
- ○ Modalities
- ○ Functional Work Training
- ○ Manual Therapy

_____ / _____
Time / Weeks

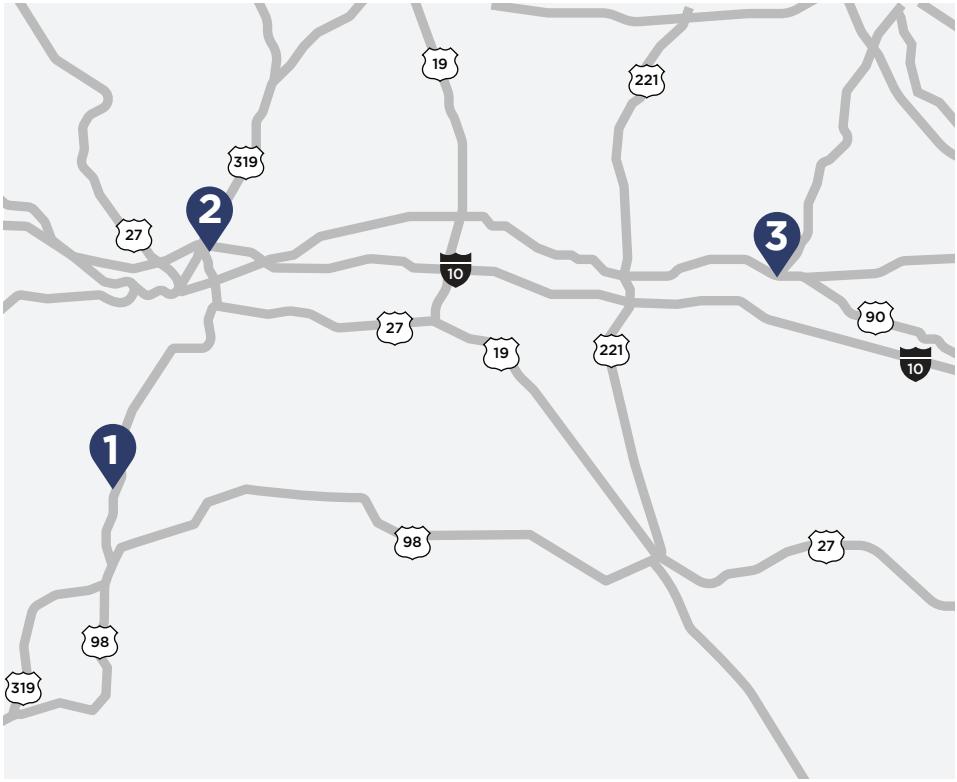
_____ / _____
Physician Signature / Print Name

I certify the indicated treatment is medically necessary.

TOSPT

Tallahassee
Orthopedic & Sports
Physical Therapy

TOSPT.COM



1. CRAWFORDVILLLE

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2. TALLAHASSEE

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3. MADISON

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