



201 N. Collegiate, Ste 550
Paris, TX 75460
Tel. 903-784-3173
Fax 903-784-7912
www.redrivervalleypt.com

Patient Name: _____ Date: _____

Diagnosis: _____

Precautions: _____

Frequency/Duration: _____ times/week for _____ weeks

EVALUATE & TREAT

THERAPEUTIC EXERCISE

- Passive ROM
- Active ROM
- Progressive Resistive Exercise
- Proprioceptive
- Stabilization
- Posture/Body Mechanics
- Gait Training
- Balance Training
- Cervical/Lumbar Traction

MODALITIES

- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- Paraffin
- Whirlpool

WOUND CARE

- Whirlpool _____
- Debridement _____
- Dressing Change
As Indicated: _____

Manual Therapy

Home Exercises

Sports Specific Training

Neuromuscular Re-education

Vestibular Rehab

Prosthetic Training

GOALS OF TREATMENT

- Return To Work
- Improve Strength
- Improve ROM
- Improve Gait
- Restore Function
- Improve Flexibility
- Decrease Pain
- Decrease Edema
- Other _____

Special Instructions: _____

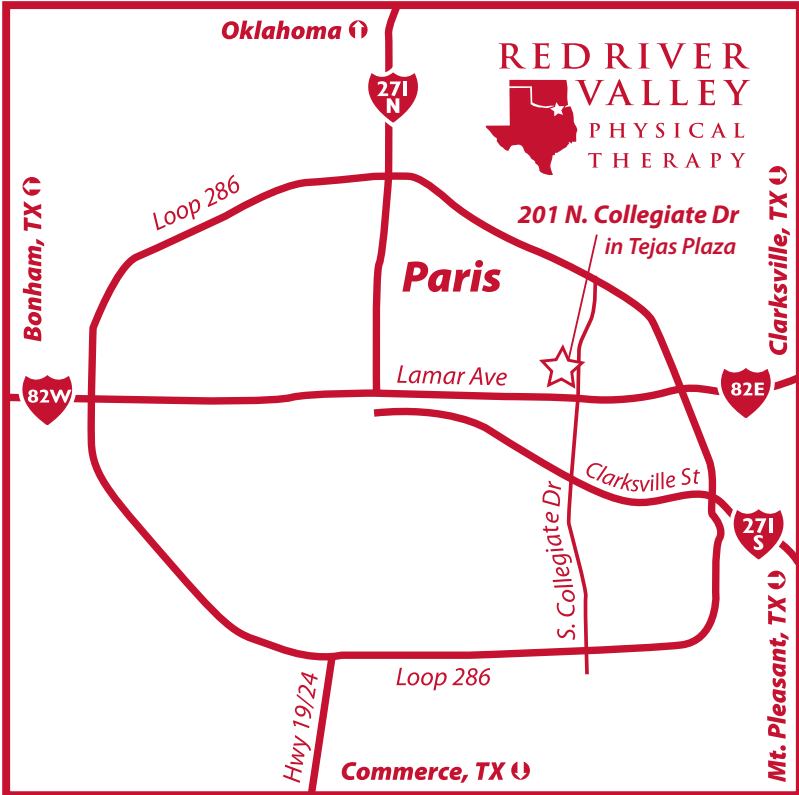
I hereby certify these services above as medically necessary for the patient's plan of care.

Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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JUST A REMINDER:

Please bring this referral slip with you on your first visit.
Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
Evaluations (1st visit) usually last 1 to 2 hours.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.