

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Precautions/Special Instructions \_\_\_\_\_

DOB \_\_\_\_\_ Patient Contact Number \_\_\_\_\_ ICD-10 \_\_\_\_\_

Evaluate & Treat      **RX Frequency**     1x/Week     2x/Week     3x/Week     \_\_\_\_x/Week

Continue Treatment    **RX Duration**     1 Week     2 Weeks     3 Weeks     \_\_\_\_ Weeks

**MANUAL THERAPY**

- Manipulation
- Soft Tissue Mobilization
- Dry Needling
- Scar Tissue Treatment
- Myofascial Release
- Other \_\_\_\_\_
- Joint Mobilization
- IASTM

**THERAPEUTIC EXERCISE**

- A/AA/P Range of Motion
- Stretching
- Strengthening
- Neuromuscular Re-ed
- Functional/Sport/Work Specific
- Gait Training
- Breathwork (BYT)
- Home Program

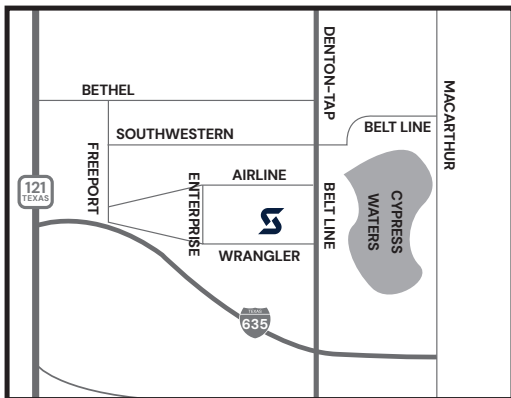
**SPECIALTIES**

- Sports Injury/Sports Medicine
- TMD/TMJ Rehab
- Neurological Rehab
- Prosthetics Rehab
- Work Injury Rehab
- Other \_\_\_\_\_
- Vestibular Rehab/  
Concussion Management

**MODALITIES**

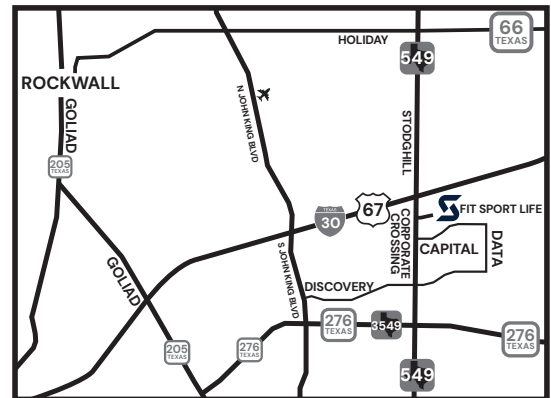
- Iontophoresis
- Electrical Stimulation
- Ultrasound/Phonophoresis
- Other \_\_\_\_\_
- Traction
- Hot/Cold

Referring Provider Printed Name \_\_\_\_\_ Referring Provider Signature \_\_\_\_\_



**SPOONER COPPELL**

1199 South Beltline Road, Suite 140  
Coppel, Texas 75019  
PHONE 972.745.9060 • FAX 972.745.9069



**SPOONER ROCKWALL**

3101 Fit Sport Life Blvd., Suite 102  
Rockwall, TX 75032  
PHONE 945.305.4001 • FAX 945.305.4002