Active Life Physical Therapy
2600 Eldorado Parkway, Suite 130
McKinney, TX 75070
Phone: **972-9847670**
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Patient Information:

Name:_____ Date:_____

Phone:_____

Diagnosis:_____

❑Physical Therapy
- ❑Evaluate & Treat
- ❑Continue Therapy

❑General Orthopedics
- ❑Pre-Operative
- ❑Post-Operative
  - ○Shoulder ○Hip
  - ○Elbow ○Knee
  - ○Wrist ○Ankle
  - ○Spine ○Others_____

❑Manual Therapy
- ❑Joint Mobilization
- ❑Dry Needle
- ❑Soft Tissue Mobilization/Graston Technique/Massage
- ❑Muscle Energy Technique
- ❑Myofascial Release
- ❑Muscle Re-education / NMS

❑Neurological Rehabilitation
- ❑LSVT Big Program
- ❑Parkinson Disease
- ❑Brain Injury Specialist
- ❑TIA or Stroke
- ❑Other _____

❑Functional Limitation(s)
- ❑Balance /instability
- ❑Decreased Function
- ❑Difficulty walking
- ❑Abnormal Movement
- ❑Abnormal Posture
- ❑Gait Abnormality
- ❑Muscular Weakness
- ❑Muscular Incoordination
- ❑Equilibrium Disturbance
- ❑Peripheral Neuropathy
- ❑Vertigo / BPPV

❑ Phase III /IV Cardiac Rehabilitation
- ❑MI
- ❑Bypass
- ❑Other_____

❑Wellness Program and Group Exercise
- ❑Flexibility
- ❑Fall prevention / Balance
- ❑Functional and Core endurance training
- ❑ADL training

Notes:_____
_____
_____

Frequency (per week): __1 __2 __3 __4 __5
Duration: ___weeks

Physician Name: _____

Signature: _____

I certify that I have thoroughly examined this patient and determined that physical therapy is medically necessary.