1415 Commerce Drive, Suite A
Pocahontas, AR 72455
office 870.248.0800 :: fax 870.248.0802
www.reachyourpeaktherapy.com

PEAK
physical therapy

Patient: _____

Patient Home Phone: _____

Diagnosis: _____ Precaution: _____

Surgical Procedure(s): _____ Date: _____

Precautions:
- ❒ WBAT ❒ NWB ❒ PWB (_____ %)
- ❒ ROM - Limited to: _____
- ❒ Cardiac: _____
- ❒ Other: _____

Goals:

- ❒ Improve Balance/Coordination
- ❒ Improve Body Mechanics
- ❒ ↑ Endurance Capacity
- ❒ ↑ ROM
- ❒ ↓ Pain
- ❒ ↑ Strength
- ❒ Improve Gait
- ❒ Improve Posture
- ❒ Other: _____

PLAN OF CARE

This Certifies Medial Necessity

❒ **Physical Therapy, Evaluate and Treat as Necessary - Modalities of Choice**

Modalities

- ❒ Ice massage
- ❒ Ultrasound
- ❒ Soft tissue mobs/massage
- ❒ Iontophoresis
- ❒ Phonophoresis
- ❒ Electrical Stimulation
- ❒ T.E.N.S
- ❒ Other: _____

Treatment

- ❒ Therapeutic Exercise
- ❒ AROM
- ❒ PROM
- ❒ Total Knee Protocol
- ❒ Joint Mobs
- ❒ Strengthening
- ❒ FCE
- ❒ Home Program
- ❒ Spine Stabilization
- ❒ Other: _____
- ❒ Gait Training
- ❒ Proprioceptive Training
- ❒ Cancer Related Fatigue
- ❒ Rotator Cuff Protocol
- ❒ Work Hardening
- ❒ Frozen Shoulder Protocol
- ❒ Ankle Sprain Protocol
- ❒ Back School
- ❒ Wound Care

FREQUENCY & DURATION

_____ times per week for _____ weeks

Next Physician Appointment: _____

Physician Signature: _____ Date: _____

Physician Name: _____

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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Peak Physical Therapy is featured on

PTandMe.com

An informational site for patients interested in or considering physical, occupational, and/or hand therapy.