



Cleveland Physical & Occupational Therapy



Grand Oaks Sports Medicine & Rehabilitation



Kingwood Occupational & Physical Therapy
Offers Certified Hand Therapy



Lake Conroe Sports Medicine & Rehabilitation



Lake Houston Physical Therapy



Spring-Klein Physical Therapy



Star Therapy Services



West Woodlands Physical Therapy



Willis Physical Therapy & Sports Medicine

Partners in Therapy

SPORTS • SPINE • HAND

Patient's Name: _____ Date: _____

Patient's Phone: _____ Patient DOB: _____

Dx: _____

Precautions: _____

Treatment Schedule:

Frequency: _____ x/week Duration (# of weeks): _____

PHYSICAL THERAPY

EVALUATE & TREAT

Area Treated

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Thoracic | <input type="checkbox"/> Lumbar | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Leg | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle/Foot |

Procedures

- A/AAROM
- Passive ROM
- Soft Tissue Mobilization
- Joint Mobilization
- Myofascial Release
- Gait Training
- Strengthening
- Proprioceptive Training
- McKenzie Intervention
- Spine Stabilization
- Kinesio Taping
- Dry Needling /

Modalities

- Ultrasound
- Traction
- Iontophoresis/Phonophoresis, RX:

- Electrical Stimulation: TENS/ IFC rental
- NMES rental
- Home Traction
- Home Program Only**
- Fall Risk Assessment**

Instructions: _____

I certify therapy is medically necessary.

UPIN #: _____ Physician Name: _____

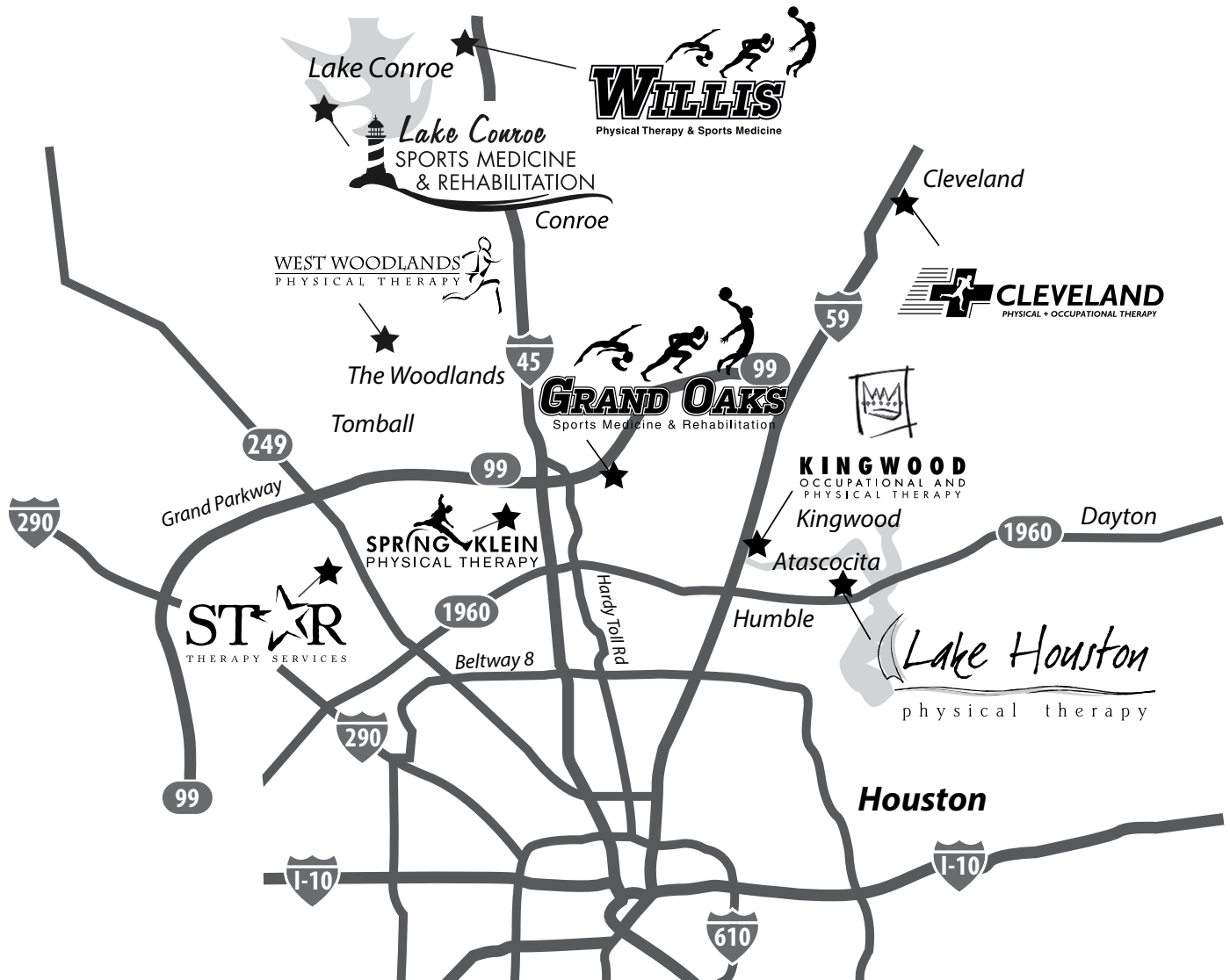
Physician Signature: _____

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.

Partners in Therapy



SPORTS • SPINE • HAND



/ Cleveland Physical & Occupational Therapy

102 N. Travis Avenue
Cleveland, TX 77327
Tel 281-592-2884 • Fax 281-592-3269
www.clevelandpt.com

/ Grand Oaks Sports Medicine & Rehabilitation

28533 Spring Trails Rdg., Suite 112
Spring, TX 77386
Phone: 281-301-5090 • Fax: 281-651-5259
www.grandoakspt.com

/ Kingwood Occupational & Physical Therapy

23780 US 59 North
Kingwood, TX 77339
Tel 281-358-1838 • Fax 281-358-1812
www.kingwoodotpt.com

/ Lake Conroe Sports Medicine & Rehabilitation

18001 Highway 105 West, Suite 106
Montgomery, TX 77356
Tel 936-582-2464 • Fax 936-582-4697
www.lakeconroeptandsports.com

/ Lake Houston Physical Therapy

(W. Lake Houston Parkway & 1960)
7840 FM 1960 East, Suite 408 & 409
Humble, TX 77346
Tel 281-812-6665 • Fax 281-812-6869
www.lakehoustonpt.com

/ Spring-Klein Physical Therapy

21301 Kuykendahl, Suite B
Spring, TX 77379
Tel 281-379-2102 • Fax 281-379-1760
www.springkleinpt.com

/ Star Therapy Services Lakewood

13215 Grant Road, Suite 900
Cypress, TX 77429
Tel 832-220-9211 • Fax 832-610-2354
www.starhoustonphysicaltherapy.com

/ West Woodlands Physical Therapy

6318 FM 1488, Suite 150
Magnolia, TX 77354
Tel 936-273-0808 • Fax 936-273-0860
www.westwoodlandspt.com

/ Willis Physical Therapy & Sports Medicine

12331 Interstate 45 North
Willis, TX 77318
Tel 940-503-4589 • Fax 940-580-2133
www.willispot.com