



Physical Therapy & Healthcare Specialists

Patient Name: _____ Date: _____

Patient Phone #: _____ Date of Birth: _____

Diagnosis: _____

Treatment: _____

Comments & Contraindications: _____

RX Frequency:

☐ PRN

☐ Per Week for

☐ Weeks

Procedures & Modalities:

☐ Per Therapist Judgment

- | | | |
|--|---|-------------------------------------|
| <input type="radio"/> Evaluation/Consultation | <input type="radio"/> TMD Therapy | |
| <input type="radio"/> Mobilization/Manual Therapy | <input type="radio"/> Women's/Men's Pelvic Health | |
| <input type="radio"/> Vestibular Rehab | <input type="radio"/> Industrial Rehabilitation | |
| <input type="radio"/> Myofascial Release/Massage | <input type="radio"/> FCE | <input type="radio"/> Traction |
| <input type="radio"/> Gait Training/Biomechanical Assessment | <input type="radio"/> Work Conditioning | <input type="radio"/> Phonophoresis |
| <input type="radio"/> Oncology Rehabilitation/Lymphedema | <input type="radio"/> Work Hardening | <input type="radio"/> Iontophoresis |
| <input type="radio"/> Posture/Spine Education | <input type="radio"/> Modalities/Other: | |
| <input type="radio"/> Return to Sport/Life | _____ | |
| <input type="radio"/> Strengthening/HEP | _____ | |
| | _____ | |

Physician Signature: _____

Mount Vernon Clinic

110 N. LaVenture Rd., Ste. A
Mount Vernon, WA
p: 360.428.2700 | f: 360.428.2701

Bellingham Clinic

814 Dupont St.
Bellingham, WA
p: 360.671.2900 | f: 360.671.2828

Burlington Clinic

135 W Fairhaven Ave., Ste. 101
Burlington, WA
p: 360.755.9111 | f: 360.755.1320

Sedro-Woolley Clinic

709 Cook Rd.
Sedro Woolley, WA
p: 360.873.8191 | f: 360.873.8196



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