



Patient Name: _____

Patient Phone: _____

Date: _____

Date of Injury: _____

Date of Surgery: _____

Insurance: _____

ICD-9: _____

Diagnosis: _____

Protocol/Comments: _____

**INDUSTRIAL/PRIVATE -REHAB -WORK HARDENING -SPORTS -PERSONAL INJURY
TREATMENT PROTOCOL**

EVALUATE & TREAT

Exercise

Manual Therapy

Chronic Pain Program

Posture/Position/Body Mechanics

AROM

PROM

Back School

Gait Training

McKenzie Program

Aquatic Therapy

Neuro Re-Education

Home Program

Orthotics

MODALITIES & PROCEDURES

Cold Packs

Hot Packs

Electrical Stimulation

Ultrasound

Massage/Soft Tissue Mobilization

Traction

Cryotherapy

Paraffin

Iontophoresis

Other: _____

IFC

TENS

Phonophoresis

Whirlpool

Industrial Rehabilitation

Functional Capacity Evaluation (FCE)

Ergonomic Analysis

Work Simulation

Post Offer Employment Testing (POET)

Job site Analysis

Work Capacity Evaluation

Work Conditioning Program

Work Hardening

Frequency/Duration: 3x/week/4weeks 3x/week/6weeks other: _____

PHYSICIAN'S SIGNATURE: _____

Return to Physician Date: _____

CIRCLE DESIRED LOCATION AND FAX TO PREFERRED OFFICE

- CENTRAL -Pool Location (Charleston / Valley View) • Phone 702-876-1733 • Fax 702-878-2018
- EAST (Flamingo & Burnham) • Phone 702-737-8820 • Fax 702-737-1622
- GREEN VALLEY / HENDERSON (Stephanie / Warm Springs) • Phone 702-456-2024 • Fax 702-456-0035
- NORTH (Ann / Decatur) • Phone 702-396-7100 • Fax 702-396-9100
- NORTH EAST (Bonanza / Nellis) • Phone 702-438-3188 • Fax 702-438-4550
- NORTHWEST (Tenaya / Cheyenne) • Phone 702-869-6978 • Fax 702-869-6959
- SOUTHWEST (215 SW / Russell) • Phone 702-914-6787 • Fax 702-914-6885
- CENTENNIAL HILLS (Grand Montecito Pkwy/ Elkhorn) Phone 702-515-1540 Fax 702-515-1578

WE WILL OBTAIN AUTHORIZATION FOR PATIENT