889 Sherwood Lane
Statesville, NC 28677
704-881-0088 Tel
704-881-0087 Fax
www.carolinarehab.com

363 Williamson Rd.
Suite 101
Mooresville, NC 28117
Phone: 704-660-7070
Fax: 704-664-5575

Carolina Rehab Statesville • Mooresville

NAME ______________________________

DIAGNOSIS ______________________________

RETURN VISIT/TIME ______________________________

TREATMENT REQUEST

___ Evaluate and Treat
___ Functional Capacity Evaluation
___ Work Conditioning
___ Isokinetic Testing
___ Therapeutic Exercise
  ___ ROM-Passive / Active
  ___ Strengthening
  ___ Neuromuscular Re-Education
  ___ Proprioceptive Training
___ Joint Mobilization
___ Soft Tissue Mobilization
___ Edema Management
___ Desensitization

___ Cold Packs
___ Hot Packs
___ Ultrasound
___ Phonophoresis
___ Iontophoresis
___ Electric Stimulation
___ TENS
___ Biofeedback
___ Manual Cervical Traction
___ Cervical Traction, Home Unit
___ Whirlpool Treatment

___ Hand Therapy
___ TMJ
___ Wound Care
___ Increased Physical Activity
___ Vestibular Rehab

GOALS AND OBJECTIVES

___ Relieve Pain
___ Increase Mobility
___ Increase Strength
___ Improve Function

___ Reduce Edema
___ Prevent Contractures
___ Prevent Scar Adherence
___ Reduce Sensitivity

___ Return to Work
___ Patient Education
___ Other
____

FREQUENCY/DURATION

___ Therapist Discretion ___ Physician Comments/Guidance

____

____

CERTIFICATION: BASED ON MY EXAMINATION, I CERTIFY THAT THE PRESCRIBED PHYSICAL THERAPY IS MEDICALLY NECESSARY AND WILL BE PROVIDED ON AN OUTPATIENT BASIS. THIS PATIENT IS UNDER MY CARE, AND THE TREATMENT PLAN WILL BE ESTABLISHED AND REVIEWED AT LEAST EVERY 30 DAYS.

Physician Signature ______________________________ Date ______________