



Walnut Bottom Professional Center
 419 Village Drive, Suite 3
 Carlisle, PA 17015
 Tel (717)240-0330 Fax (717)240-0233
 www.pennswoodpt.com

Appointment
 Scheduled For:

Date: _____

Time: _____

Patient: _____

Diagnosis: _____ ICD-9: _____

Precautions: _____

Frequency: _____ times per week Duration: _____ weeks

ANY INFORMATION YOU THINK WE SHOULD KNOW: _____

I certify that I have examined this patient. The below stated treatment plan in necessary and will be provided while the patient is under my care.

Physician's Signature: _____ Date: _____

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.

EVALUATE & TREAT WITH THE FOLLOWING RECOMMENDATIONS

MODALITIES

- Moist Heat
- Electric Stimulation
- Ultrasound
- TENS
- Iontophoresis w/
Dexamethasone
(RX required)
- Sequential Compression
- Contrast Baths
- Paraffin
- Phonophoresis w/
Hydrocortisone 10%
- Whirlpool
- Cervical/Lumbar Traction
- Massage
- Cold Compression

THERAPEUTIC EXERCISE

- General Strengthening
- Gait Training
- Neuromuscular Reeducation
- Balance Training
- Home Exercise Program
- Progressive Resistive
Exercise

RANGE OF MOTION

- PROM/AAROM Program
- AROM/RROM Program

INDUSTRIAL REHABILITATION

- Work Conditioning
- FCE
- Jobsite Analysis
- Ergonomic Consultation

HAND THERAPY

- Evaluate and Treat
- Slinting _____
- ADL Training
- Fluidotherapy

SPECIAL PROCEDURES

- Compression Bandaging/
Stockings
- Knee Bracing
- Other _____

OTHER

- Vertigo Program
- Aquatic (Pool on Site)
- Osteoporosis Program
- Prosthetic Rehabilitation
- Myofascial Therapy

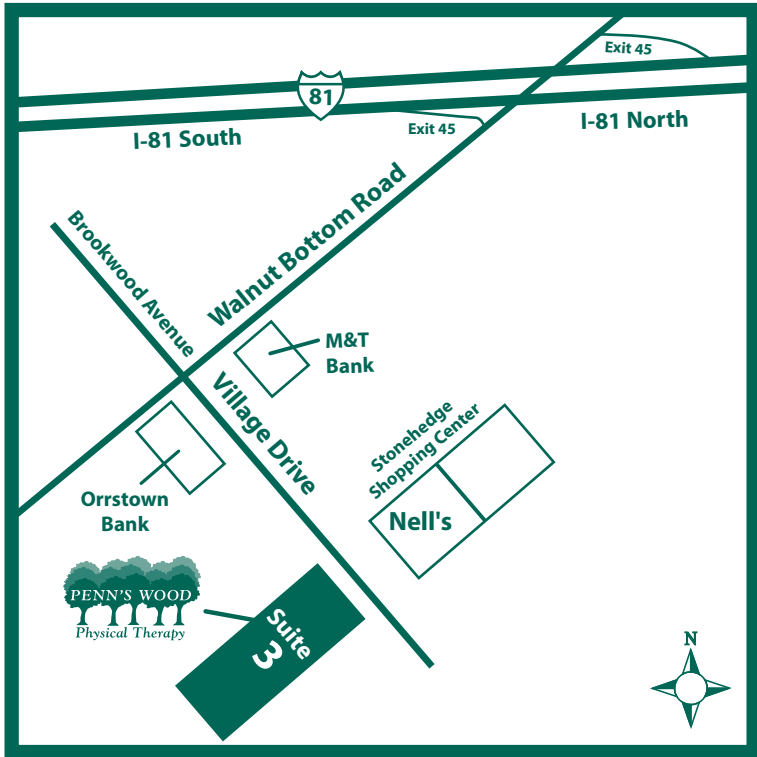
SPECIAL INSTRUCTIONS

WOUNDCARE PROGRAM

- Sterile Whirlpool
- Debridement
- Dressing: _____



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Just a Reminder

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.

Evaluations (1st visits) usually last 60 to 90 minutes.

What to Wear

Please wear comfortable clothing and sneakers

Please bring shorts if we will be treating your leg(s)

Please bring swimwear and a towel if aquatic therapy is recommended

What to Bring (Insurance Forms)

Commercial insurance claim form or HMO referral slip or Workers compensation employer information or No-fault automobile information.