InMotion
PHYSICAL THERAPY
15860 Audubon Way Baxter, MN 56425
218.855.0806 • Fax 218.855.0737

Place Patient ID
Sticker Here

Personal Data

Name: _____

Address: _____

Phone#: _____

☐ Initial Certification ☐ Recertification ☐ Additions or Changes

Diagnosis: _____

Treatment Plan: _____

_____

_____

☐ Evaluate and Treat as Necessary

Modalities

- ☐ As Needed
- ☐ Biofeedback
- ☐ Electrical Stimulation/TENS/FES
- ☐ Hot Packs/Cold Pack
- ☐ Iontophoresis
- ☐ Massage
- ☐ Mobilization
- ☐ Traction ☐ Cervical ☐ Lumbar
- ☐ Ultrasound
- ☐ Other _____

Exercises

- ☐ As Needed
- ☐ Back Exercise
- ☐ Cervical Exercise
- ☐ Conditioning
- ☐ Gait Training
- ☐ Knee Rehabilitation
- ☐ Posture
- ☐ Range of Motion
- ☐ Stretching
- ☐ Strengthening
- ☐ Other _____

Supplies

- ☐ Brace Fitting
- ☐ Lumbar Roll
- ☐ TENS/FES Rental
- ☐ Other _____

Programs

- ☐ Back Education
- ☐ Body Mechanics
- ☐ Pre-Employment Screening
- ☐ Work Hardening/Conditioning
- ☐ Vestibular

Frequency and Duration of Treatment:

_____ Per Week X _____ Weeks OR _____ Therapist Discretion

Precautions and Pertinent History: _____

_____

Goals and Additional Comments: _____

_____

Rehabilitation Potential: _____

Physician's Signature: _____ Date: _____