



265 N BROADWAY, UNIT 3, HICKSVILLE, NY 11801
1848 DEER PARK AVE, DEER PARK, NY 11729

HICKSVILLE: 516-605-2200 | DEER PARK 631-502-0008 | WWW.WELLHEALTHPT.COM

Patient Name: _____ DOB _____

Phone _____ Insurance _____

Frequency of Visits _____ times per week _____ weeks

EVALUATE AND TREAT AS APPROPRIATE

| | |
|--|--|
| <input type="checkbox"/> Strength/ROM/Stretching | <input type="checkbox"/> Home Tens Unit/Training |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Message |
| <input type="checkbox"/> Back/Neck Rehab/Stabilization | <input type="checkbox"/> Modalities |
| <input type="checkbox"/> Patient Education | <input type="checkbox"/> Balance/Gait Training |
| <input type="checkbox"/> Aerobic Exercise Program | <input type="checkbox"/> MRF |
| <input type="checkbox"/> Splinting | |
| <input type="checkbox"/> Other | |

SPECIAL INSTRUCTIONS / ADDITIONAL COMMENTS

Physician Name _____ Physician Date _____

Physician Signature _____