



Phone: 214-494-4643  
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## FIT Physical Therapy

Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

DIAGNOSIS/ICD-10 CODE \_\_\_\_\_

Precautions \_\_\_\_\_

☐ **EVALUATE & TREAT**

### PROGRAMS

- ☐ Body Mechanics/Postural Education
- ☐ Elbow/Wrist/Hand/TMJ
- ☐ Foot/Ankle
- ☐ Hip
- ☐ Knee
- ☐ Lymphedema
- ☐ Neurological
- ☐ Osteoporosis
- ☐ Pelvic Pain
- ☐ Pilates
- ☐ Prenatal/Postpartum
- ☐ Shoulder
- ☐ Spinal Rehabilitation

### PROCEDURES/MODALITIES

- ☐ Biofeedback
- ☐ Dry Needling
- ☐ Electrical Stimulation
- ☐ Gait and/or Transfer Training
- ☐ Graston
- ☐ Heat
- ☐ Home TENS Unit
- ☐ Ice
- ☐ Manual Lymphatic Drainage
- ☐ Manual Therapy
- ☐ Sport Specific Training

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Urinary/Fecal Incontinence       | <input type="checkbox"/> Traction             | <input type="checkbox"/> Ultrasound  |
| <input type="checkbox"/> Vestibular/Concussion Management | <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Other _____ |

**COMMENTS:** \_\_\_\_\_

**Frequency:** (per week): 1x 2x 3x 4x 5x

**Duration:** \_\_\_\_\_ week(s)

Physician Signature \_\_\_\_\_

I certify that I have thoroughly examined this patient and determined that physical therapy is medically necessary.

### Locations:

☐ 5480 FM 423, Suite 2100  
Frisco Tx 75036

☐ 106 US 377 Aubrey, TX 76227  
(Coming Oct. 2023)

