

## **Outpatient Therapy**

5610 Richmond Rd., Texarkana, TX, 75503 Phone: 903-791-9355, Ext. 2104 | Fax: 1-855-281-5819 Patient:\_\_\_\_\_ DOB:\_\_\_\_\_ ● EVALUATE AND TREAT FOR PHYSICAL THERAPY/OCCUPATIONAL THERAPY Physical Therapy: Occupational Therapy: PROM, AAROM, AROM (Circle) PROM, AAROM, AROM (Circle) O Ther-Ex/Activities O Ther-Ex/Activities O Manual Therapy O Manual Therapy O Dry Needling O ADL's O Aquatics O Aquatics Kinesiotaping Kinesiotaping O Cardiovascular Rehab O Splinting Modalities as Indicated Modalities as Indicated O Other O Orthotics/Equipment Precautions/Comments

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

Date: \_\_\_\_\_\_
Diagnostic Code: