



HARTSELLE LOCATION
 913 Highway 31 SW • Hartselle, AL 35640
 P: 256.502.8684 • F: 256.502.8923
 Email: Therapy@LifeWorkPT.com

DECATUR / PRICEVILLE LOCATION
 2941 Point Mallard Parkway SE • Suite Q • Decatur, AL 35603
 P: 256.686.2131 • F: 256.686.1271
 Email: LifeWork@LifeWorkPT.com

CULLMAN LOCATION
 103 2nd Ave. SE • Cullman, AL 35055
 P: 256.615.1800 • F: 256.615.2050
 Email: Cullman@LifeWorkPT.com

Patient _____ Patient DOB _____ Patient Phone _____

Diagnosis _____

Precautions/Instruction _____

EVALUATE AND TREAT

MODALITIES AS INDICATED

PROGRAMS (please circle)

<u>UE</u>	<u>LE</u>	<u>SPINE</u>	<u>SPECIAL</u>
SHOULDER	HIP	CERVICAL	TMJ
ELBOW	KNEE	THORACIC	VESTIBULAR
WRIST	ANKLE	LUMBAR	LSVT BIG (PARKINSON'S)
HAND	FOOT	SI	FIBROMYALGIA

SERVICES

- ROM
- STRENGTHENING
- MANUAL THERAPY
- GAIT TRAINING
- BALANCE/PROPRIOCEPTION
- CORE/SPINE STABILIZATION
- POSTURAL RETRAINING
- DRY NEEDLING

OTHER _____

WORKERS' COMP

- FCE
- POET TESTING
- WORK CONDITIONING

MODALITIES

- HEAT/COLD
- PARAFFIN
- US/PHONO
- TRACTION
- KINESIO TAPING
- IONTOPHORESIS
- ELECTRICAL STIMULATION
- HOME TENS

FREQUENCY/DURATION AT THERAPIST'S DISCRETION

_____ X/WK X _____ WKS

I certify that skilled rehabilitative services for this patient are medically necessary.

Physician Signature _____

Date _____

Phone _____

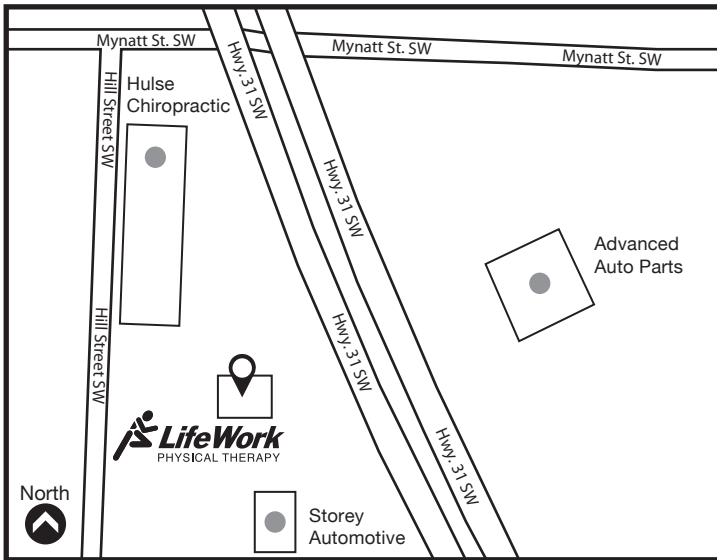
Please bring this form with you to your first appointment.



- 3 LOCATIONS TO SERVE YOU -

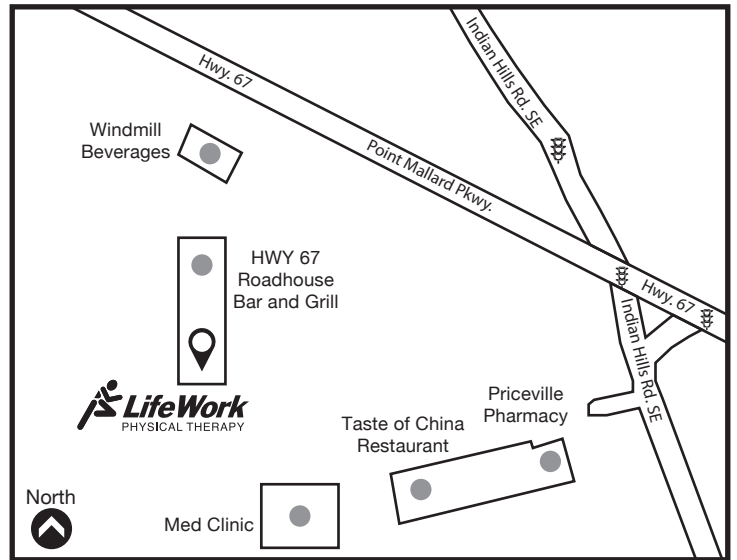
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