



9201 S Sooner Rd OKC, OK 73165

Phone: 405-455-7860

www.bodyworxpt.com

Patient: _____ Date: _____

Diagnosis: _____

Demographics Attached? Yes No

Treatment Procedures

Evaluate and Treat for Physical Therapy

Therapeutic Exercise

ROM

Passive ____ Weeks

Active-Assistive ____ Weeks

Active ____ Weeks

Strength Training

Aerobic Conditioning

Dynamic Trunk Stabilization

McKenzie Method

Balance/Coordination

Back Program

Patient Education

Postural Awareness

ADL Modification

Ergonomic Advice

Preventative Advice

Manual Therapy

Joint Mobilization

Soft Tissue Mobilization

Modalities

Electrical Stimulation

Ultrasound

NMES

Iontophoresis

Cold Laser

Moist Heat/Cold

TENS Unit

Specialized Services

Mechanical Traction

Dry Needling

Cupping

Aquatic Therapy

Special Instructions/Precautions _____

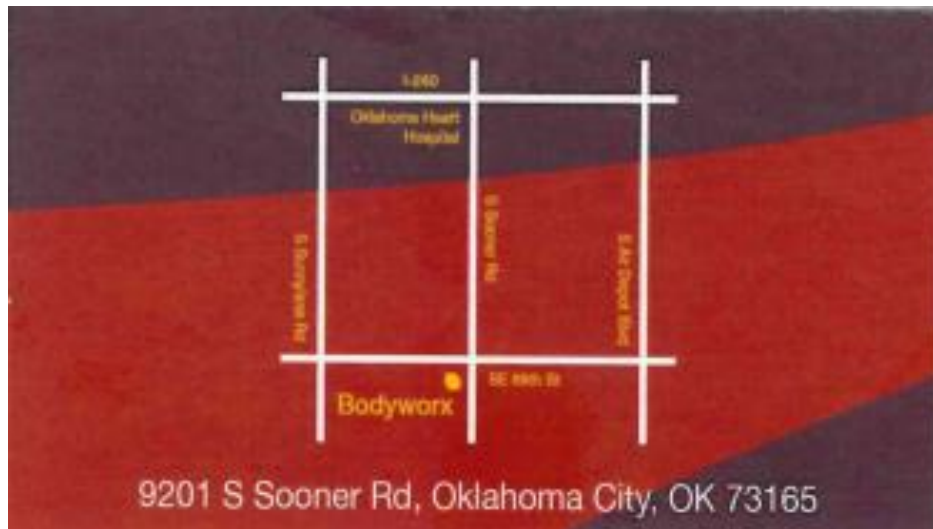
Frequency (Per Week) Please Circle 1 2 3 Daily

Duration 1 2 3 4 5 6

Next Office Visit _____

Circle Attached: X-Ray MRI Physician's Notes Operative Report

Physician Signature: _____



Reminder:

Please bring this referral slip with you on your first visit

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork or access forms online at www.bodyworxpt.com

Evaluations (1st visit) usually last 45 minutes – 1 hour

What to wear:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants

What to bring:

Driver's license

Current insurance card(s) or workers' compensation employer information including claim number