



WWW.HIGHPLAINSPT.NET

GREEN RIVER CLINIC
 920 UPLAND WAY
 GREEN RIVER, WY 82935
 TEL (307) 875-1847
 FAX (307) 875-4269

ROCK SPRINGS CLINIC
 2241 FOOTHILL BLVD, SUITE 602
 ROCK SPRINGS, WY 82901
 TEL (307) 382-7888
 FAX (307) 382-7444

Patient: _____ Date: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ per week Duration: _____ weeks

Evaluate & Treat

Instruction of HEP

Therapeutic Exercise

- Passive Stretching
- Active
- Resistive
- Proprioceptive
- Spine Stabilization
- Scapular Stabilization
- Postural
- Cardiovascular

Hand Rehabilitation

Work Conditioning

FCE

Aquatic Program

Modalities

- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- T.E.N.S.
- Paraffin
- Taping
- Traction: Cervical
- Traction: Pelvic

Wound Care

- Sterile Whirlpool
- Debridement
- Dressing Change

Manual Therapy

- Joint Mobilization
- Massage
- Myofascial Release

Orthotic Program

Other:

GOALS OF TREATMENT

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Improve Strength | <input type="checkbox"/> Improve R.O.M. | <input type="checkbox"/> Improve Gait |
| <input type="checkbox"/> Restore Highest Function | <input type="checkbox"/> Improve Endurance | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Relieve Pain |
| <input type="checkbox"/> OTHER _____ | | | |

SPECIAL INSTRUCTIONS:

The above plan of care is established and will be reviewed periodically. I certify the medical necessity of therapy.

Physician's Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



HIGH PLAINS

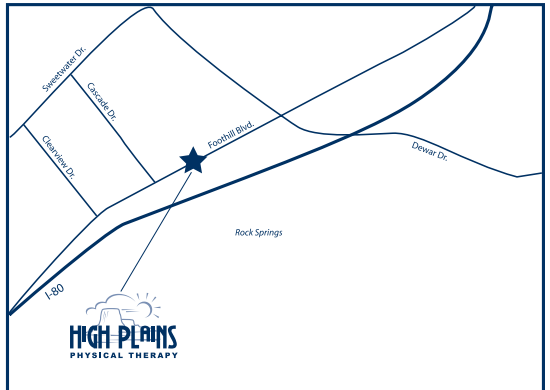
PHYSICAL THERAPY

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Just a Reminder

Please bring this referral slip with you on your first visit.
Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.
Evaluations (1st visits) usually last one hour.

What to Wear

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

What to Bring

Please bring referral slip from your doctor.
Please bring insurance/ worker's compensation information.