



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

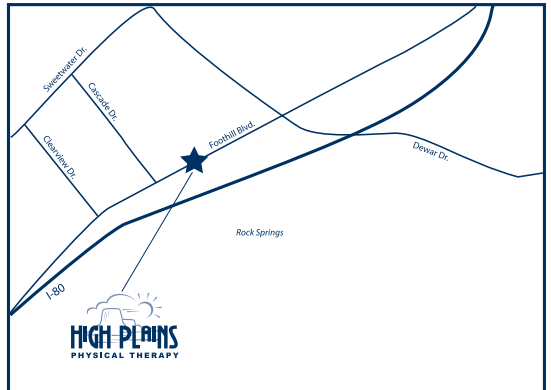
## PHYSICAL THERAPY

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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.