



JOHNSON & HAYES

PHYSICAL THERAPISTS

☐ **Huntsville Location**
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Huntsville, AL 35801
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Fax: (256) 883-1336

☐ **Madison - Hughes Rd South**
97-P Hughes Road
Madison, AL 35758
Phone: (256) 774-2978
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☐ **Madison - Balch Crossing**
8490 US Highway 72, Suite 120
Madison, AL 35758
Phone: (256) 325-1699
Fax: (256) 325-1711

Patient: _____ Patient Phone: _____

Diagnosis: _____ Date of Surgery/Injury: _____

Precautions/Contraindications: _____

Insurance: _____

Policy/Group: _____ Date of Birth: _____

☐ **Evaluate and Treat**

- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Strengthening
- ☐ Active/Passive Range of Motion
- ☐ Flexibility
- ☐ Bracing
- ☐ Custom Orthotics
- ☐ LSVT - BIG
- ☐ Vestibular
- ☐ Craniofacial Issues / TMD

☐ **Modalities as Indicated**

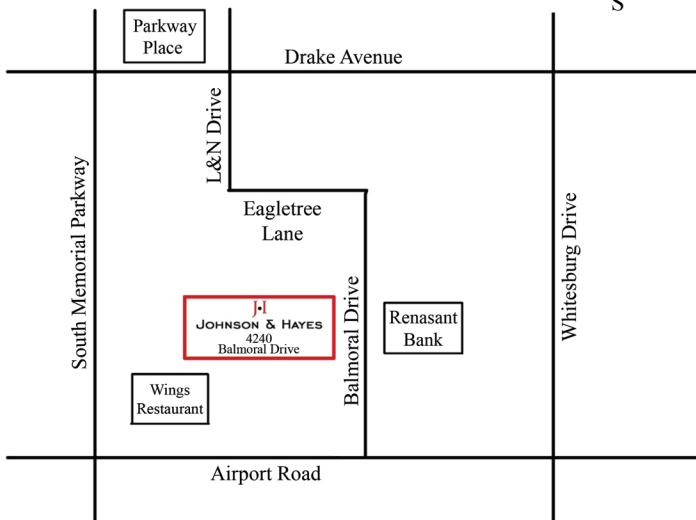
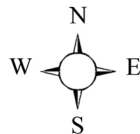
- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Traction
- ☐ Iontophoresis/Phonophoresis
- ☐ Moist Heat/Cryotherapy
- ☐ Paraffin
- ☐ Other: _____

I acknowledge that this treatment is medically necessary. Frequency: _____/wk Duration: _____ wks

Physician Signature _____ Date _____

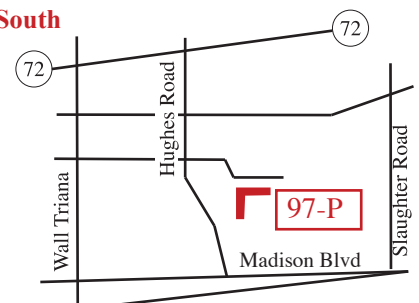
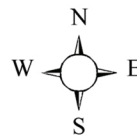
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