JOHNSON & HAYES
PHYSICAL THERAPISTS

740 Cool Springs Blvd., Suite 215
Franklin, TN 37067
Phone: (615) 236-9956
Fax: (615) 472-8623

Patient: _____ Patient Phone: _____

Diagnosis: _____ Date of Surgery/Injury: _____

Precautions/Contraindications: _____

Insurance: _____

Policy/Group: _____ Date of Birth: _____

❑ Evaluate and Treat

- ❑ Dry Needling
- ❑ Joint Mobilization
- ❑ Soft Tissue Mobilization
- ❑ Strengthening
- ❑ Active/Passive Range of Motion
- ❑ Flexibility
- ❑ Bracing
- ❑ Vestibular

❑ Modalities as Indicated

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

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

Physician Signature _____ Date _____