



NEW ALBANY
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Suite 2
New Albany, IN 47150
Office: 812.948.2947
Fax: 812.948.4164

JEFFERSONVILLE
2760 Jefferson Centre Way
Suite 1
Jeffersonville, IN 47130
Office: 812.288.8835
Fax: 812.288.8834

Look to New Horizons... Expert Care for a Quality Tomorrow

Patient: _____ Date of Birth: _____

Diagnosis: _____ Phone: _____

Special Instructions / Precautions: _____

PHYSICAL THERAPY PRESCRIPTION

☐ **EVALUATE & TREAT**

☐ **Vestibular Rehab**

☐ **Therapeutic Exercise / Activities**

- ☐ Strengthening
- ☐ McKenzie Method
- ☐ Core Stabilization

☐ **ROM (P/A / A, A)**

☐ **Manual Therapy**

- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization

☐ **Cervical / Lumbar Traction**

☐ **Neuromuscular Re-education**

☐ **Desensitization / Sensory Re-Ed**

☐ **Modalities**

- ☐ Electrical Stimulation
- ☐ TENS
- ☐ Ultrasound / Phonophoresis
- ☐ Iontophoresis
- ☐ Cryotherapy / Moist Heat
- ☐ Paraffin Bath
- ☐ Whirlpool (hand/foot)
- ☐ Game Ready

☐ **Edema Control**

☐ **Custom Made Orthotics**

☐ **Other:** _____

Frequency: _____ Duration: _____

Prognosis: ☐ Good ☐ Fair ☐ Poor

I certify that the above ordered treatment is medically necessary for this patient to achieve the following goals:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Relieve pain | <input type="checkbox"/> Increase strength | <input type="checkbox"/> Improve Endurance |
| <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Improve Function | <input type="checkbox"/> Return to work |

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.



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www.newhorizonsphysicaltherapy.com

NEW ALBANY

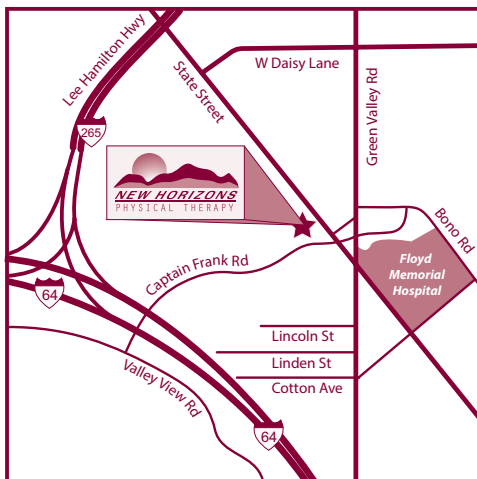
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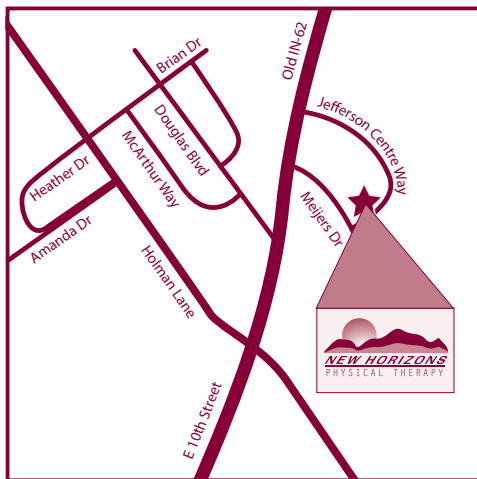
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Just a Reminder

- 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 60 to 90 minutes.

What to Wear:

- Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

What to Bring (Insurance Forms):

- Referral slip from your doctor.
- PPO/HMO information.
- For worker's compensation claim, bring employer information number.