



☐ **Sacramento Clinic**

Inside Greater Sacramento Medical Plaza  
2288 Auburn Blvd, Suite 107  
Sacramento, CA 95821  
P: 916-446-1497 F: 916-446-5959

☐ **Elk Grove Clinic**

Inside California Family Fitness  
8569 Bond Road, Suite 150  
Elk Grove, CA 95624  
P: 916-714-1177 F: 916-714-3577

Patient Name: \_\_\_\_\_

Contact ph#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**SPECIFIC TREATMENTS:**

- |                                                         |                                                   |
|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> <b>Eval and Treatment</b>      | <input type="checkbox"/> Edema Control            |
| <input type="checkbox"/> Joint/Soft Tissue Mobilization | <input type="checkbox"/> Desensitization          |
| <input type="checkbox"/> Stretching/Flexibility Program | <input type="checkbox"/> Scar Management          |
| <input type="checkbox"/> Spine Stabilization Program    | <input type="checkbox"/> Sensibility Testing      |
| <input type="checkbox"/> Strengthening                  | <input type="checkbox"/> Aquatic Therapy          |
| <input type="checkbox"/> Passive/Active ROM             | <input type="checkbox"/> Work Conditioning        |
| <input type="checkbox"/> Therapeutic Exercises          | <input type="checkbox"/> Functional Capacity Eval |
| <input type="checkbox"/> Modalities                     |                                                   |
| <input type="checkbox"/> Home Program                   |                                                   |
| <input type="checkbox"/> Supplies/Other: _____          |                                                   |

**SPECIAL INSTRUCTIONS/PRECAUTIONS:** \_\_\_\_\_

Frequency: \_\_\_\_\_ x/week Duration: \_\_\_\_\_ weeks Next MD Appointment: \_\_\_\_\_

Physician Signature

Date