

 1350 North Grant Street Kennewick, WA 99336 Phone: (509) 735-2014 Fax: (509) 735-3980

PATIENTS NAME:

DATE OF BIRTH:

DATE OF ONSET:

DIAGNOSIS / ICD-10:

 EVALUATE & TREAT

#  PHYSICAL THERAPY  MASSAGE THERAPY\*

  AQUATIC THERAPY

FREQUENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DURATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \*FREQUENCY, DURATION AND DIAGNOSIS ARE REQUIRED FOR MASSAGE THERAPY

PRECAUTIONS / REMARKS:

Physical Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT

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##  SIGNATURE DATE