MONTOYA
PHYSICAL THERAPY
AND WELLNESS

Patient Name:_____ DOB:_____

Physician:_____ Follow Up Date:_____

Diagnosis:_____

Frequency:_____ Duration:_____ No. of Visits:_____

Special Instructions:_____

_____

PHYSICAL THERAPY:

- ❑ Evaluate & Treat
- ❑ Electric Muscle Stimulation
- ❑ Heat/Cold Therapy
- ❑ Therapeutic Exercise
- ❑ Home Exercise Program
- ❑ Spinal Manipulation
- ❑ Traction
- ❑ Graston Technique
- ❑ Spinal Stabilization
- ❑ Neuromuscular re-education
- ❑ Gait Training
- ❑ Balance Therapy

GOALS:

❑ Improve ROM ❑ Improve Strength ❑ Improve Mobility ❑ Improve Function

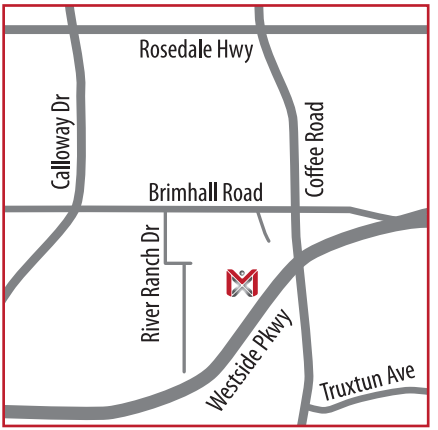
Other:_____

_____
Physician Signature

_____
Date

Montoya Physical Therapy and Wellness

8311 Brimhall Road, Building 1900, Suite 1904
Bakersfield, CA 93312
(661) 679-6238 • fax (661) 679-6243
montoyatherapy.com



MAP NOT TO SCALE