



www.PTAcclinic.com

Dallas Williams, PT, Founder

HUNTSVILLE: 1) 127 Medical Park Lane
2) 227 Hwy 75 N, Ste 245
(936) 294-0283

CONROE: 1501 River Point Dr, Ste 100
(936) 494-1292

Physical Therapy • Aquatic Therapy

Patient Name: _____ Date: _____

Contact Phone: _____

Diagnosis/code: _____

Precautions / Restrictions: _____

Frequency: _____ Duration: _____

Prescription Form for PHYSICAL THERAPY

☐ Land Physical Therapy ☐ Aquatic Physical Therapy

☐ **Evaluate and Treat**

☐ Modalities

☐ Neuromuscular Re-Education

☐ Modalities

☐ Traction

☐ Manual Therapy

☐ Therapeutic Exercise

☐ AROM

☐ PROM

☐ Strengthening

☐ Stretching

SPECIALITY PROGRAMS

☐ Balance / Fall Prevention

☐ Pediatrics

☐ Pelvic Floor

☐ Low Back Program

☐ Work Injury / Return to Work

☐ Post-Operative Management

☐ Aerobic Conditioning

☐ Sports Specific Training

Special Instructions:

I certify that the above named patient is under my care and requires physical therapy services:

On an outpatient basis and under a plan established and reviewed
within 30 days by me as attending physician.

Physician's Signature _____