Devic Physical Therapy
Strength, Mobility, Function

Name: _____ DOB: _____

Date: _____ Dx Code: _____

Diagnosis: _____

_____

Surgical Procedure: _____ Onset Date: _____

Precautions: _____

TREATMENT:

- Evaluate and Treat
- Home Exercise Program
- Manual Therapy
- Gait Training
- ROM active passive
- Strengthening / PRE's
- Spine Rehab
- Ultrasound
- Electrical Stimulation
- Kinesiotaping
- Posture / Body Mechanics
- Total Joint Rehab
- Vestibular / Balance Program
- Protocol _____
- Pre & Post Op Surgical Rehabilitation
- Vertigo / Dizziness
- Other _____

Physician Name (Print): _____

Physician Signature: _____

Phone #:469-877-5207, _____ Fax #:469-361-8226

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