

ARCH

PHYSICAL THERAPY
& SPORTS MEDICINE

1701 S. Waverly Road, Suite 101
Lansing, MI 48917
Office: 517-367-7851
Fax: 517-367-7857
www.ArchPhysicalTherapy.com

Micky Thompson, PT
Owner / Director

Patient Name: _____ Date: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks.

EVALUATE & TREAT

- Manual Therapy**
 - Soft Tissue Mobilization
 - Joint Mobilization
 - Myofascial Mobilization
 - Therapeutic Exercise**
 - Passive ROM
 - Active ROM
 - Active Assistive ROM
 - Progressive Resistive Exercise
 - Strengthening
 - Stabilization Program
 - Core Strengthening
 - Closed Chain Exercise
 - Posture/Body Mechanics
 - Home Exercise Program
 - Strengthening / Conditioning**
 - Post Operative Rehabilitation Protocol for** _____
Date of Surgery _____
 - Orthotic Fabrication & Fitting:** _____
 - Other:** _____
- Modalities**
 - Moist Heat
 - Ice
 - Ultrasound
 - Electrical Stimulation
 - Massage
 - Traction
 - Iontophoresis: _____
 - Phonophoresis
 - Kinesiotaping / McConnell Taping
 - Vasopneumatic Compression/Ice-Game Ready®
 - Sports Specific Training**
 - Neuromuscular Re-education**
 - Balance / Proprioceptive Training
 - Gait Training**
 - Work Conditioning / Work Hardening**

SPECIAL INSTRUCTIONS: _____

The above plan of care is established and will be reviewed every 30 days. I certify the medical necessity of therapy.

Physician's Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

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CONVENIENTLY LOCATED ON THE WESTSIDE



JUST A REMINDER:

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

WHAT TO WEAR:

- Please wear comfortable clothing.