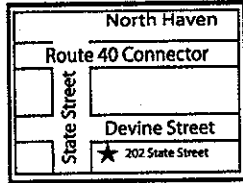


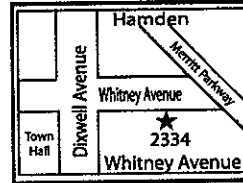


www.qptsm.com

# Quinnipiac Physical Therapy & Sports Medicine, P.C.



202 State Street  
North Haven, CT 06473  
Tel: 203.239.4274  
Fax: 203.239.4290



2334 Whitney Avenue  
Hamden, CT 06518  
Tel: 203.248.8645  
Fax: 203.248.8350

Patient Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Patient Phone No. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date: \_\_\_\_\_

Precautions or Special Instructions:

- \_\_\_\_\_ Manual Therapy
- \_\_\_\_\_ Joint Mobilization
- \_\_\_\_\_ Soft Tissue Mobilization
- \_\_\_\_\_ Mechanical Traction      \_\_\_\_\_ Evaluate and Treat
- \_\_\_\_\_ Therapeutic Exercise
- \_\_\_\_\_ Strengthening
- \_\_\_\_\_ Massage
- \_\_\_\_\_ Gait Training
- \_\_\_\_\_ Whirlpool
- \_\_\_\_\_ Phonophoresis/Iontophoresis
- \_\_\_\_\_ Modalities (*Moist Heat, Ice Pack, Ultrasound, Electrical Muscle Stimulation*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency \_\_\_\_\_

Duration \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Print Doctor's Name: \_\_\_\_\_