

Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis or Impression: \_\_\_\_\_

ICD-10: \_\_\_\_\_ Surgery/Injury Date: \_\_\_\_\_

### Evaluate and Treat

If you request selective intervention for this patient, please indicate below:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>Manual Therapy/<br/>Spinal Manipulation</b><br><input type="checkbox"/> ASTYM<br><input type="checkbox"/> Dry Needling<br><input type="checkbox"/> <b>Aquatic Therapy*</b><br><input type="checkbox"/> Orthotic Fabrication*<br><input type="checkbox"/> Iontophoresis<br><input type="checkbox"/> Modalities<br><input type="checkbox"/> <b>AlterG® Anti-Gravity<br/>Treadmill® Therapy*</b><br><input type="checkbox"/> <b>Blood Flow Restriction Training*</b><br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> <b>Pediatrics*</b><br><input type="checkbox"/> Orthopaedic<br><input type="checkbox"/> Neurological<br><input type="checkbox"/> Occupational<br>Therapy<br><input type="checkbox"/> Post-operative<br>Rehabilitation<br><input type="checkbox"/> Therapeutic<br>Exercises | <input type="checkbox"/> <b>Workers' Compensation Services</b><br><input type="checkbox"/> Work Conditioning<br>____ Hrs/Day, ____ Days/Week<br><input type="checkbox"/> Job Analysis<br><input type="checkbox"/> <b>Chronic Pain Strategy</b><br><input type="checkbox"/> Pain Science Education<br><input type="checkbox"/> Graded Exercise/Activity<br><input type="checkbox"/> VR Pain Education/Management<br><input type="checkbox"/> <b>Stand Up 2 Stenosis Program</b> | <input type="checkbox"/> <b>Women's and Men's<br/>Specialty Health*</b><br><input type="checkbox"/> Urinary Incontinence<br><input type="checkbox"/> Fecal Incontinence<br><input type="checkbox"/> Chronic Prostatitis/Chronic<br>Pelvic Pain Syndrome<br><input type="checkbox"/> Rectal Pain<br><input type="checkbox"/> Pelvic Pain<br><input type="checkbox"/> Pregnancy Related Pain |
|--|--|--|--|

Other Services:

- Massage Therapy\*     Personal Training\*

Specific Instructions:

- Avoid/Precautions: \_\_\_\_\_

Comments: \_\_\_\_\_

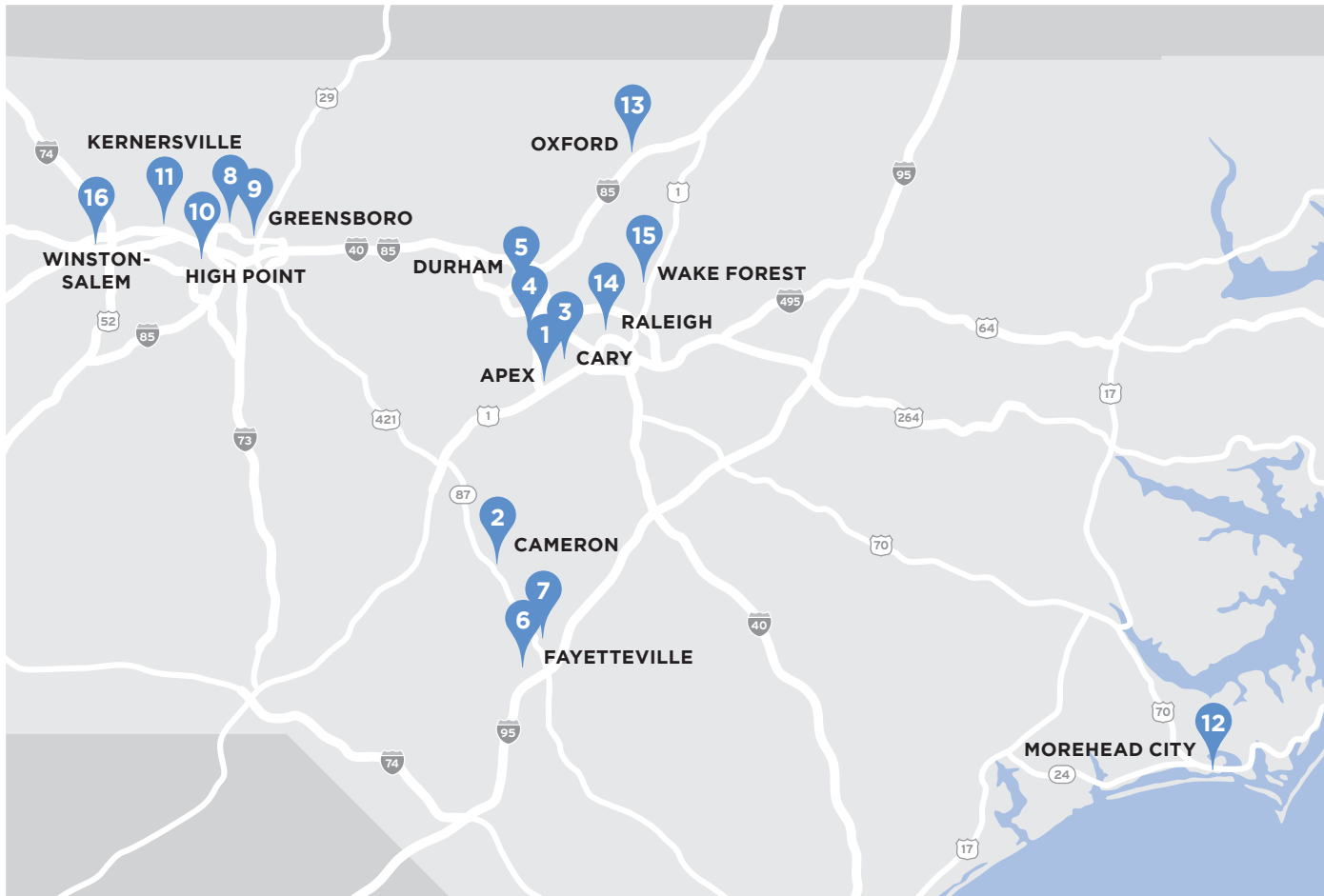
I certify that the treatment is medically necessary and will be reviewed every 30 days.

Referring Provider's Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Offered only at select clinics

Medicare requires a physician's signature on the Plan of Care (POC), which will be faxed to you as part of the Initial Exam summary - please fax back promptly. Thank you!



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- |  |   |   |  |
|--|---|---|--|
| <p><b>1 Apex</b><br/>1051 Pemberton Hill Rd., Ste. 201<br/>Apex, NC 27502<br/>919-363-3640<br/>Fax: 919-363-3642</p> | <p><b>5 Durham</b><br/>1821 Martin Luther King Jr. Pkwy.<br/>Durham, NC 27707<br/>919-748-4980<br/>Fax: 919-816-2012</p>                    | <p><b>9 Greensboro Yanceyville St.</b><br/>1591 Yanceyville St., Ste. 400<br/>Greensboro, NC 27405<br/>336-274-7480<br/>Fax: 336-274-8903</p> | <p><b>13 Oxford</b><br/>110 Main St.<br/>Oxford, NC 27565<br/>919-853-7183<br/>Fax: 919-853-7184</p>                           |
| <p><b>2 Cameron</b><br/>1562 Hwy. 24/87<br/>Cameron, NC 28326<br/>910-436-4545<br/>Fax: 910-497-2222</p>             | <p><b>6 Fayetteville Village Dr.</b><br/>3401 Village Dr., Suite, 101<br/>Fayetteville, NC 28304<br/>910-483-9300<br/>Fax: 910-483-9302</p> | <p><b>10 High Point</b><br/>4144 Mendenhall Oaks Pkwy., Ste. 101<br/>High Point, NC 27265<br/>336-804-3004<br/>Fax: 336-645-3300</p>          | <p><b>14 Raleigh</b><br/>4701 Creedmoor Rd., Suite 107<br/>Raleigh, NC 27612<br/>919-676-2001<br/>Fax: 919-676-0023</p>        |
| <p><b>3 Cary High House Rd.</b><br/>981 High House Rd.<br/>Cary, NC 27513<br/>919-388-0111<br/>Fax: 919-388-8668</p> | <p><b>7 Fayetteville Ramsey St.</b><br/>4140 Ramsey St., Ste. 110<br/>Fayetteville, NC 28311<br/>910-920-4903<br/>Fax: 910-920-4910</p>     | <p><b>11 Kernersville</b><br/>853 Old Winston Rd., Suite 115<br/>Kernersville, NC 27284<br/>336-310-0750<br/>Fax: 336-310-0755</p>            | <p><b>15 Wake Forest</b><br/>2824 Rogers Rd., Suite 102<br/>Wake Forest, NC 27587<br/>919-229-8363<br/>Fax: 919-229-8356</p>   |
| <p><b>4 Cary - Amberly</b><br/>730 Slash Pine Dr.<br/>Cary, NC 27519<br/>919-460-4399<br/>Fax: 919-867-2200</p>      | <p><b>8 Greensboro Braxton Ln.</b><br/>2105 Braxton Ln., Ste. 101<br/>Greensboro, NC 27408<br/>336-458-3694<br/>Fax: 336-660-6422</p>       | <p><b>12 Morehead City</b><br/>303 North 35th St.<br/>Morehead City, NC 28557<br/>252-247-2738<br/>Fax: 252-240-3882</p>                      | <p><b>16 Winston-Salem</b><br/>1541 Westbrook Plaza Dr.<br/>Winston-Salem, NC 27103<br/>336-765-4703<br/>Fax: 336-765-1396</p> |