



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:

- Manual Therapy/ Spinal Manipulation**
 - ASTYM
 - Joint Mobilization
 - Soft Tissue Mobilization
 - Functional Dry Needling
- Concussion Rehabilitation***
- Neuro / Stroke Rehab**
 - PT
 - OT*
 - Speech*
- Pediatrics***
 - Orthopaedic
 - Speech Therapy
 - Neurological
 - Occupational Therapy
- Workers' Compensation Services**
 - Work Conditioning*
____ Hrs/Day, ____ Days/Week
 - FCE*
- Chronic Pain Strategy**
 - Pain Science Education
 - Graded Exercise/Activity
- Women's and Men's Specialty Health***
 - Urinary Incontinence
 - Fecal Incontinence
 - Chronic Prostatitis/
Chronic Pelvic Pain Syndrome
 - Rectal Pain
 - Pelvic Pain
 - Pregnancy Related Pain
- Orthotic Fitting***
- Sports Medicine**
 - Sports Rehab
 - Return to Play Program
- TMJ Therapy***
 - Balance Therapy
 - Therapeutic Exercises
 - Neuromuscular Re-education
 - Gait Training
 - Blood Flow Restriction Training*
 - Traction/Decompression*
 - Home Exercise Programming
 - Post-operative Rehabilitation
 - Iontophoresis
 - Modalities
 - Other: _____

Specific Instructions:

Avoid/Precautions: _____

Comments: _____

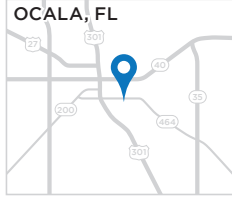
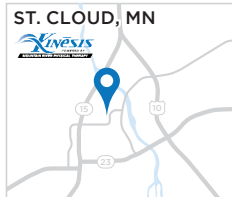
I certify that the treatment is medically necessary and will be reviewed every 30 days.

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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 2101 East State Street, Suite C
 Athens, OH 45701
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 F: 740.593.7481

ATHLETIC PERFORMANCE CENTER
 416 37th Street
 Parkersburg, WV 26101
 P: 304.428.1703
 F: 304.422.1176

BRIDGEPORT, WV CLINIC
 315 South Virginia Avenue
 Bridgeport, WV 26330
 P: 304.848.6016
 F: 304.848.9689

CHATHAM, VA CLINIC
 47 Depot Street
 Chatham, VA 24531
 P: 434.432.0028
 F: 434.432.0062

ELIZABETH, WV CLINIC
 483 Court Street, Suite 1
 Elizabeth, WV 26143
 P: 304.917.3930 Phone
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ELLENBORO, WV CLINIC
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 117 W. Wagner St
 Ellenboro, WV 26346
 P: 304.869.3888
 F: 304.869.3444

ELM GROVE, WV CLINIC
 55 Lounez Ave, Suite 1
 Wheeling, WV 26003
 P: 304.905.0802
 F: 304.905.1351

FAIRMONT, WV CLINIC
 1900 Locust Ave., Suite A
 Fairmont, WV 26554
 P: 304.333.5222
 F: 304.333.5224

HARBOR POINT
 108 Osprey Drive Suite B
 Williamstown, WV 26187
 P: 304.917.3728
 F: 304.917.3729

JANE LEW, WV CLINIC
 174 Industrial Park Rd
 Jane Lew, WV 26378
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 F: 304.884.8924

KINESIS PHYSICAL THERAPY 
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 Saint Cloud, MN 56303
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 F: 320.654.0981

LEESPORT, PA CLINIC
 5479 Pottsville Pike, Suite 200
 Leesport, PA 19533
 P: 610.926.6778
 F: 610.926.7200

MINERAL WELLS, WV CLINIC
 63 Hospitality Lane, Suite 1
 Mineral Wells, WV 26150
 P: 304.489.8100
 F: 304.489.8191

NEW MARTINSVILLE, WV CLINIC
 174 North State Route 2, Suite 2
 New Martinsville, WV 26155
 P: 304.447.6778
 F: 304.447.6779

OCALA, FL CLINIC
 1720 SE 16th Ave Suite 302
 Ocala, FL 34471
 P: 352.512.0825
 F: 352.512.0826

PARKERSBURG, WV - BALANCE CENTER
 2012 Garfield Avenue, Suite 4B
 Parkersburg, WV 26101
 P: 304.917.3672
 F: 304.917.3696

PARKERSBURG, WV - PARS CLINIC
 1212 Garfield Ave., Suite 200
 Parkersburg, WV 26101
 P: 304.865.6778
 F: 304.865.7400

PARKERSBURG, WV - GARFIELD CLINIC
 2010 Garfield Ave, Suite 2
 Parkersburg, WV 26101
 P: 304.917.3649
 F: 304.917.3651

POINT PLEASANT, WV CLINIC
 3407 Jackson Ave.
 Point Pleasant, WV 25550
 P: 304.857.6532
 F: 304.857.6547

RAVENSWOOD, WV CLINIC
 606 Washington Street, Suite 1
 Ravenswood, WV 26164
 P: 304.917.3932
 F: 304.917.3933

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 420 Charleston Drive, Suite A
 Ripley, WV 25271
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 800 Grand Central Mall, Suite 1
 Vienna, WV 26105
 P: 304.865.6777
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 841 Commerce Street
 Wellsburg, WV 26070
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 620 National Road, Suite 100
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