MOUNTAIN RIVER PHYSICAL THERAPY

MountainRiverPT.com

Patient Name: _____ Phone #: _____ DOB: _____

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 Mobilization**
  - ❑ ASTYM
  - ❑ Joint Mobilization
  - ❑ Soft Tissue Mobilization
  - ❑ Functional Dry Needling
- ❑ **Concussion Rehabilitation***
- ❑ **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
- ❑ **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: _____

_____

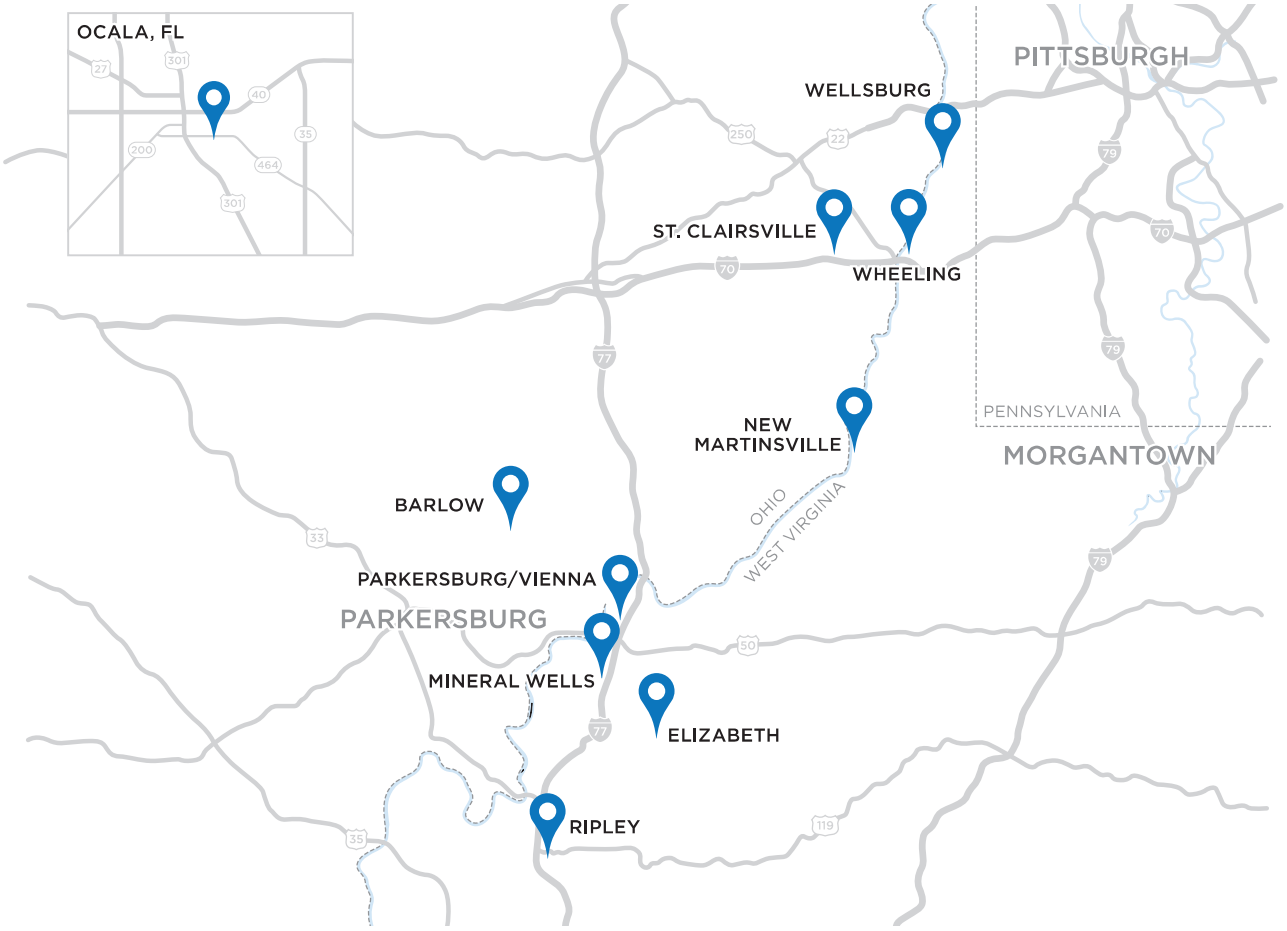
I certify that the treatment is medically necessary and will be reviewed every 30 days.

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!



BARLOW, OH CLINIC
10430 St. Rte. 550, Ste. A
Barlow, Ohio 45784
P: 740.760.8593
F: 740.760.8594

ELIZABETH, WV CLINIC
483 Court St., Ste. 1
Elizabeth, WV 26143
P: 304.917.3930 Phone
F: 304.917.3931 Fax

MINERAL WELLS, WV CLINIC
63 Hospitality Ln., Ste. 1
Mineral Wells, WV 26150
P: 304.489.8100
F: 304.489.8191

NEW MARTINSVILLE, WV CLINIC
174 N St. Rte. 2, Ste. 2
New Martinsville, WV 26155
P: 304.447.6778
F: 304.447.6779

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

PARKERSBURG/VIENNA, WV CLINIC
415 36th St., Ste. 100
Parkersburg, WV 26101
P: 304.865.6777
F: 304.865.6780

RIPLEY, WV CLINIC
420 Charleston Dr., Ste. A
Ripley, WV 25271
P: 304.373.0093
F: 304.372.5764

ST. CLAIRSVILLE, OH CLINIC
252 W Main St., Ste. E
St. Clairsville, OH 43950
P: 740.296.5042
F: 740.296.5320

WELLSBURG, WV CLINIC
841 Commerce St.
Wellsburg, WV 26070
P: 304.737.0437
F: 304.737.0581

WHEELING, WV CLINIC
620 National Rd., Ste. 100
Wheeling, WV 26003
P: 304.230.5601
F: 304.230.5603

MOUNTAIN RIVER
PHYSICAL THERAPY