



2212 Malvern Ave., Ste 5  
Hot Springs, AR 71901  
PH: 501-463-9057  
FAX: 866-632-2934  
www.ptelevation.com

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

Patient: \_\_\_\_\_

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

Date of Onset: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Precautions: \_\_\_\_\_

Evaluate & Treat: \_\_\_\_\_

Back Program       Neck Program       Balance/Vestibular Program

Hip Program       Shoulder Program       Sport Specific Program

Knee Program       Elbow Program       BFR Program

Ankle Program       Wrist Program       Home Exercise Program

OT       ST

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

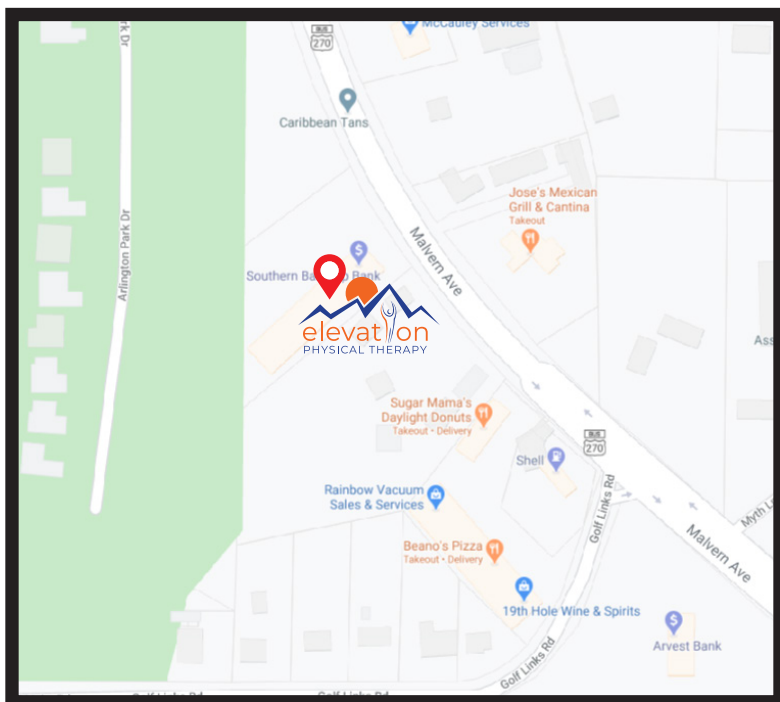
Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_





Elevating Others To Their PEAK Potential



2212 Malvern Ave., Ste 5  
Hot Springs, AR 71901

PH: 501-463-9057 • FAX: 866-632-2934

[www.ptlevation.com](http://www.ptlevation.com)