



Pursuit Physical Therapy



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Appointments: **425.520.4222** or **PursuitPT.com**

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Renton, WA 98057

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PHYSICAL THERAPY PRESCRIPTION

Patient: _____ DOB: ___/___/___

Phone: _____

Diagnosis/Procedure: _____

Precautions/Remarks: _____

Contraindications: _____

Patient's Recheck Appointment Date: _____

Instructions:

Evaluate & Treat

As Indicated Only *

Procedures:

- | | | |
|--|---|--|
| <input type="checkbox"/> Manual Treatment | <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> ROM /Flexibility |
| <input type="checkbox"/> Ergonomic Analysis | <input type="checkbox"/> Sports / Gait Analysis | <input type="checkbox"/> Postural Training |
| <input type="checkbox"/> Pelvic Muscle Dysfunction | <input type="checkbox"/> Core Strengthening | <input type="checkbox"/> Self-Care |

Treatment Plan:

Therapist's discretion

_____ Times a week for _____ weeks

*Additional Comments: _____

Physician's Signature: _____ Date: _____

Your referrals are appreciated!