



# Pursuit Physical Therapy

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For Appointments: **206.856.9305** or at **PursuitPT.com**

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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!***