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Cora T. Huitt, MA, PT.
 Angela A. Poole,
 LPTA.
 Crystal Gunn, MS, PT.

Date _____ Authorization # _____

Patient's Name _____ Address _____

Home Phone _____ Work Phone _____

Diagnosis:

- | | | | |
|--|--------|---|--------|
| <input type="checkbox"/> Abdominal/Groin Pain | 789.0 | <input type="checkbox"/> Incontinence Mixed | 788.33 |
| <input type="checkbox"/> Abdominal Deficiency | 756.79 | <input type="checkbox"/> Incontinence Stress | 625.6 |
| <input type="checkbox"/> Anal/rectal pain | 569.42 | <input type="checkbox"/> Incontinence Urge | 788.31 |
| <input type="checkbox"/> Carpal Tunnel Syndrome | 354.0 | <input type="checkbox"/> Low Back Pain | 724.8 |
| <input type="checkbox"/> Constipation | 564.0 | <input type="checkbox"/> Lumbosacral Strain | 846.0 |
| <input type="checkbox"/> Coccygodynia/Coccydnyia | 724.79 | <input type="checkbox"/> Musculoneuralgia/Myalgia | 729.1 |
| <input type="checkbox"/> Diastasis Recti (pregnancy) | 665.84 | <input type="checkbox"/> Osteoporosis | 733.0 |
| <input type="checkbox"/> Disuse Atrophy | 728.2 | <input type="checkbox"/> Pregnancy | V22.2 |
| <input type="checkbox"/> Fibromyalgia | 729.1 | <input type="checkbox"/> Postural Dysfunction | 781.9 |
| <input type="checkbox"/> Headaches | 784.0 | <input type="checkbox"/> S/I Dysfunction | 739.4 |
| <input type="checkbox"/> Interstitial Cystitis | 595.1 | <input type="checkbox"/> Vaginismus | 625.1 |
| <input type="checkbox"/> Fecal Incontinence | 787.6 | <input type="checkbox"/> Vulvodynia | 625.9 |

Other _____

Rx Order and Goals:

- | | |
|---|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Osteoporosis program |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Pre/postnatal services |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Pelvic floor rehabilitation |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Back/neck school |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Fitness program |
| <input type="checkbox"/> Training in TENS/IFC/NMES for home use | <input type="checkbox"/> Work rehabilitation |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Stress management/relaxation exer. |
| <input type="checkbox"/> Parafin | <input type="checkbox"/> Massage/myofascial treatment |
| <input type="checkbox"/> Moist/Cold Therapy | <input type="checkbox"/> Functional activities training |
| <input type="checkbox"/> Joint mobilization | <input type="checkbox"/> Postural and body awareness act. |
| <input type="checkbox"/> Soft tissue mobilization | <input type="checkbox"/> Neuromuscular re-education |
| <input type="checkbox"/> Massage/manual lymph drainage | <input type="checkbox"/> Home exercise program |
| <input type="checkbox"/> Myofascial release techniques | <input type="checkbox"/> Patient/family education/training |
| <input type="checkbox"/> Craniosacral therapy | <input type="checkbox"/> Assess pt.'s need for DME |

Frequency: PRN qd 1x/wk 2x/wk 3x/wk for _____

Precautions, if any: _____

Pt's next Dr.'s visit: _____ Physicians's Signature: _____