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You may type directly on this script or print it to your local printer and fill it out by hand.

Patient's Name: _____ Date: _____

Physician: _____

Diagnosis: _____

- | | |
|---|---|
| <input type="checkbox"/> Evaluate and Treat | |
| <input type="checkbox"/> Hot /Cold Packs | <input type="checkbox"/> Soft Tissue Mobilization |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Gait training |
| <input type="checkbox"/> R.O.M. (Pass. / Act._) | <input type="checkbox"/> McKenzie Back Program |
| <input type="checkbox"/> Ultrasound / Phonophoresis | <input type="checkbox"/> Neuromuscular Re-Education |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Lumbar Stabilization Program |
| <input type="checkbox"/> T.E.N.S. Unit | <input type="checkbox"/> Home Exercise Program |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Work Fitness |
| <input type="checkbox"/> Stretching | <input type="checkbox"/> ADL Training & Kinetic Act. |
| <input type="checkbox"/> Arthritis Management | <input type="checkbox"/> Back / Neck School |
| <input type="checkbox"/> Paraffin Bath | Other: _____ |
| <input type="checkbox"/> Joint Mobilization | |

Frequency: _____ /Week for _____ Weeks

I hereby certify that the above listed Physical Therapy modalities and procedures are medically necessary for treatment of this patient's diagnosis and condition.

Physician Signature: _____

Instructions for Physicians:

Other than a clinical diagnosis if known, other information that is helpful (but not required) is:

- Weight bearing restrictions for post-surgical and post -fracture patients
- Fracture status
- ROM restrictions for post-surgical patients
- Degrees of resistance allowed for post-surgical patient (e.g.: active, passive or resisted)
- Expected limits in ROM if any, for a final outcome on a post-surgical patient
- Type of surgical procedure and/or type of internal fixation used
- Specific requests for splints or braces

Instructions for the Patient:

You can visit our web site to fill out your paperwork "online" before you arrive:

- Go to **www.TRCTherapy.com**.
- Click on the **Downloadable Information Forms** button at the lower left of our home page.
- Select the applicable **Patient Information Form** and **Patient History Form** link.

Our web site also include directions to our clinic and frequently asked questions like what should I wear to therapy?

