



MAPLE VALLEY
PHYSICAL THERAPY

JULIE EMOND, R.P.T.
Owner

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Patient's Name _____ D.O.B. _____

Diagnosis _____

Surgical Procedure _____

Precautions _____

Frequency _____ Duration _____

EVALUATE & TREAT _____

MODALITIES

- | | |
|---|---|
| <input type="checkbox"/> Cryotherapy | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Sterile Whirlpool |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Isokinetics |
| <input type="checkbox"/> Hydrocollator | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Post-Op Protocols |
| <input type="checkbox"/> Joint Mobilization | Knee <input type="checkbox"/> TKR |
| <input type="checkbox"/> Mechanical Traction | <input type="checkbox"/> ACL |
| <input type="checkbox"/> TENS | <input type="checkbox"/> Arthroscopy |
| <input type="checkbox"/> Paraffin Bath | Hip <input type="checkbox"/> THR |
| <input type="checkbox"/> Aquatic Therapy | Shoulder <input type="checkbox"/> |

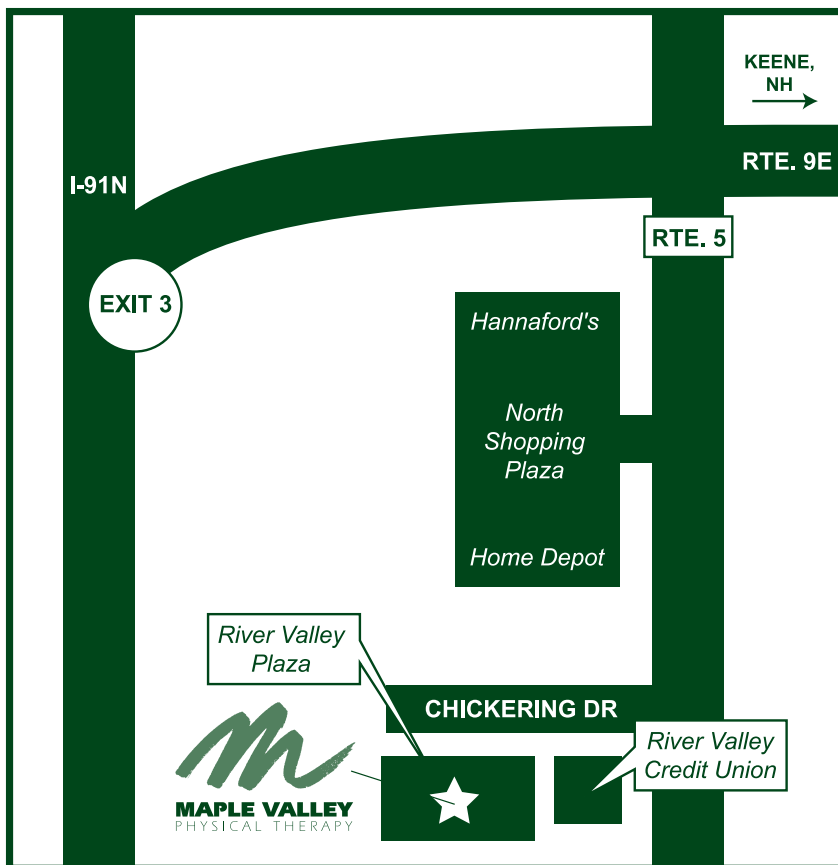
SPECIAL INSTRUCTIONS

Date Received: _____

Physician's Signature

Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



JUST A REMINDER

Please bring this referral slip with you on your first visit.
Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
Evaluations (1st visit) usually last 1 hour.

WHAT TO BRING (INSURANCE FORMS)

Appropriate insurance claim form or
PPO/HMO referral slip or
Worker's compensation employer information including Claim # or
No Fault insurance information.

WHAT TO WEAR

Please wear/bring comfortable clothing and sneakers.
Please bring shorts if we will be treating your leg(s).