



Endeavor - Physical Therapy & Wellness
Physical and Hand Therapy Services

Patient: _____ DOB: _____

Home: _____ Work: _____

Diagnosis: _____

DOI: _____ DOS: _____

Frequency: _____ / week Duration: _____ weeks

Treatment Goals: _____

Physical Therapy:

Evaluate and Treat

Occupational /Hand Therapy:

Evaluate and Treat

Modalities:

Moist Heat

Cryotherapy

Ultrasound

Fluidotherapy

Ionto-phoresis

Electrical Stimulation (FES, TENS, IFC)

Dexamethasone 4mg/ml injectable

Taping

Other _____

Therapeutic Interventions

Aerobic Conditioning

Coordination/ Fine Motor

Desensitization

Functional/ ADL Activities

Home Exercise Program

McKenzie

Mobilization

Pain Control

Proprioceptive Activities

Range of Motion

Soft Tissue Mobilization

Splinting/ Splint Adjustment

Stabilization

Strengthening

Foot Orthotics (Custom Inserts)

Other _____

In my opinion in accordance with accepted medical standards. The above patient requires services for the problems identified above. I hereby request that you render services to evaluate and assess the patient's needs for such services and provide detailed patient care plan for my approval.

Physician Signature

Date

Phone#

Northwest: (Four Points/Steiner)

Endeavor Physical Therapy

6911 RR 620 N. Suite B-201

Austin, Texas 78732

Ph : (512) 467-4546

Fax : (512) 467-4567

North Central: (IH 35/290)

Endeavor Physical Therapy

1033 La Posada Dr. Suite 230

Austin, Texas 78752

Ph : (512) 284-7192

Fax : (512) 284-7203

South: (S 1st / Ben White)

Endeavor Physical Therapy

321 West Ben White Blvd, Suite 101

Austin, Texas 78704

Ph : (512) 215-9272

Fax : (512) 215-8934

Round Rock (Summit Plaza)

Endeavor Physical Therapy

894 Summit St. Suite 104

Round Rock, Texas 78664

Ph : (512) 686-8007

Fax: (512) 532-6408

