Johnson & Hayes
Physical Therapists®

☐ **Huntsville**
4240 Balmoral Drive,
SW Suite 100
Huntsville, AL 35801
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☐ **Madison - Hughes Rd.**
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☐ **Madison - Balch Crossing**
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Suite 120
Madison, AL 35758
Phone: (256) 325-1699
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☐ **Hampton Cove**
6501 US Highway 431 South,
Suite C
Owens Cross Roads, AL 35763
Phone: (256) 824-9100
Fax: (256) 936-5478

☐ **Guntersville**
1302 Gunter Ave,
Guntersville, AL 35976
Phone: (256) 860-4050
Fax: (256) 860-4044

☐ **Oneonta**
28256 State Hwy 75,
Suite A
Oneonta, AL 35121
Phone: (205) 625-4600
Fax: (205) 625-4607

Patient: _____ Patient Phone: _____

Diagnosis: _____ Date of Surgery / Injury: _____

Precautions/Contraindications: _____

Insurance: _____

Policy/Group: _____ Date of Birth: _____

☐ Evaluate and Treat

- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Strengthening
- ☐ Active/Passive Range of Motion
- ☐ Flexibility
- ☐ Bracing
- ☐ Custom Orthotics
- ☐ LSVT-BIG
- ☐ Vestibular - Dizziness + Balance
- ☐ Craniofacial Issues / TMD
- ☐ Pelvic Health
- ☐ Work Conditioning
- ☐ Work Hardening
- ☐ Functional Capacity Evaluation

Modalities as Indicated

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Traction
- ☐ Iontophoresis/Phonophoresis
- ☐ Moist Heat/ Cryotherapy
- ☐ Paraffin
- ☐ Dry Needling
- ☐ Other: _____

I acknowledge that this treatment is medically necessary. Frequency: ____ /wk Duration: ____ wks

Physician Signature _____ Date: _____

Printed Physician Name _____