

15235 Main St.  
Hesperia, CA 92345



Tel: (760) 949-3388  
Fax: (760) 949-2262

[www.HesperiaPT.com](http://www.HesperiaPT.com)

**Franco Alvarez, MPT**  
**Michael Parrish, DPT, OCS**

NAME	DATE / /
DIAGNOSIS	DOB
CONTRAINDICATIONS	DX CODE

**PHYSICAL THERAPIST TO EVALUATE AND TREAT AS APPROPRIATE**

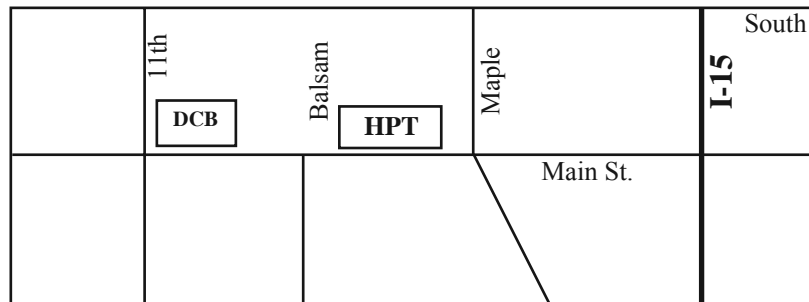
Frequency / Duration 1 - 2 - 3 - 4 - 5 Days / Week \_\_\_\_\_ Weeks

**REHAB PROGRAMS**       **MODALITIES**       **MANUAL THERAPY**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lower Extremity                | <input type="checkbox"/> Whirlpool      | <input type="checkbox"/> Soft Tissue        |
| <input type="checkbox"/> Upper Extremity                | <input type="checkbox"/> Electrotherapy | <input type="checkbox"/> Joint Mobilisation |
| <input type="checkbox"/> Spinal                         | <input type="checkbox"/> Iontophoresis  | <input type="checkbox"/> ROM                |
| <input type="checkbox"/> CVA                            | <input type="checkbox"/> Traction       |   |
| <input type="checkbox"/> Work Hardening                 |   |   |
| <input type="checkbox"/> Functional Capacity Evaluation |   |   |

**AQUATIC THERAPY**

Physician \_\_\_\_\_



*Thank You for Your Referral*