



# RELIANT

## PHYSICAL THERAPY

**KOSCIUSKO:**  
108 VETERANS MEM DR.  
KOSCIUSKO, MS 39090

**FLOWOOD:**  
671 GRANTS FERRY RD, STE A  
FLOWOOD, MS 39232

**PEARL:**  
3825 HWY 80 EAST  
PEARL, MS 39208

PHONE: 769.777.4400 | FAX: 769.777.4401  
WWW.RELIANTPT.COM

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

### REQUESTED TREATMENT:

EVALUATE AND TREAT

MODALITIES PRN

| AREA  | TYPE  | MODALITIES                             |
|---|---|--|
| <input type="checkbox"/> CERVICAL/NECK      | <input type="checkbox"/> PROM                 | <input type="checkbox"/> COMPRESSION   |
| <input type="checkbox"/> LUMBAR/ABDOMINALS  | <input type="checkbox"/> AAROM / AROM         | <input type="checkbox"/> ULTRASOUND    |
| <input type="checkbox"/> THORACIC           | <input type="checkbox"/> THERAPEUTIC EXERCISE | <input type="checkbox"/> E-STIM/IFC    |
| <input type="checkbox"/> SHOULDER           | <input type="checkbox"/> MFR/MASSAGE          | <input type="checkbox"/> CRYOTHERAPY   |
| <input type="checkbox"/> ELBOW              | <input type="checkbox"/> FLEXIBILITY          | <input type="checkbox"/> PARAFFIN      |
| <input type="checkbox"/> WRIST/HAND/FINGERS | <input type="checkbox"/> PAIN MGT             | <input type="checkbox"/> TRACTION      |
| <input type="checkbox"/> HIP                | <input type="checkbox"/> DRY NEEDLING         | <input type="checkbox"/> MOIST HEAT    |
| <input type="checkbox"/> KNEE               | <input type="checkbox"/> MANUAL THERAPY       | <input type="checkbox"/> IONTOPHORESIS |
| <input type="checkbox"/> ANKLE/FOOT/TOES    | <input type="checkbox"/> BALANCE/VESTIBULAR   | <input type="checkbox"/> PHONOPHORESIS |

COMMENTS/OTHER: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REFERRING SIGNATURE