

# VISIONS PHYSICAL THERAPY

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**LAKELAND DR**  
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601-664-1076 ( fax)

**ROBINSON RD**  
601-923-9823  
601-923-9824 ( fax)

**CANTON**  
601-859-1707  
601-859-1757 ( fax)

**YAZOO**  
662-528-4964  
662-528-4966 (fax)

Patient's Name : \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Contraindications : \_\_\_\_\_

Patient's phone number: \_\_\_\_\_

Next Appt. with Physician : \_\_\_\_\_

Physician phone/fax number: \_\_\_\_\_

**P.T EVALUATE AND TREAT**

**O.T EVALUATE AND TREAT**

**MODALITIES AS INDICATED**

## SPECIFIC ORDERS REQUESTED

Neck Program

Back Program

Shoulder Program

Elbow Program

Hand Program

Knee Program

Total Knee/Hip Rehab

Ankle Program

Neuro Rehab

TMJ

Ultrasound/Phonophoresis

Electrical Stimulation

TENS

Heat or Cold

Cervical/Lumbar Traction

Soft Tissue Mobilization

Home Exercise Instructions

Functional Capacity Exam (FCE)

\_\_\_\_\_

Comments/Special Instruction: \_\_\_\_\_

FREQUENCY:       DAILY       3x/Wk       2x/Wk       Other

DURATION \_\_\_\_\_ Weeks

Physician's Signature: \_\_\_\_\_