

Patient Name: _____ DOB: _____

Diagnosis: _____

Diagnostic Code(s): _____ Onset/DOS: _____

Specific Goals: _____

Precautions: _____ Number of Visits: _____

Evaluate and Treat as indicated

Services:

- Exercise
 - PROM
 - AAROM/AROM
 - Strengthening (PRE)
 - Stretching/Flexibility
 - Gait Training
- Mobilization/Manual Therapy
 - Soft Tissue Mobilization
 - Transverse Friction Massage
 - Joint Mobilization
 - Myofascial Release
 - Muscle Energy

- Dry Needling**
- Modalities
 - GameReady™ Ice/Compression
 - H-Wave E-Stim, NMR E-Stim, Tens E-Stim
 - Traction
 - Ultrasound

Specialty Programs:

- Vestibular Rehabilitation
- Balance Retraining
- Headache
- Fibromyalgia/Arthritis Care
- Concussion
- Move2Perform Injury Risk Analysis
- Women's Health: Pelvic Pain
Urinary Incontinence
Pregnancy-Related Back Pain

** Trigger Point Dry Needling is self pay only.

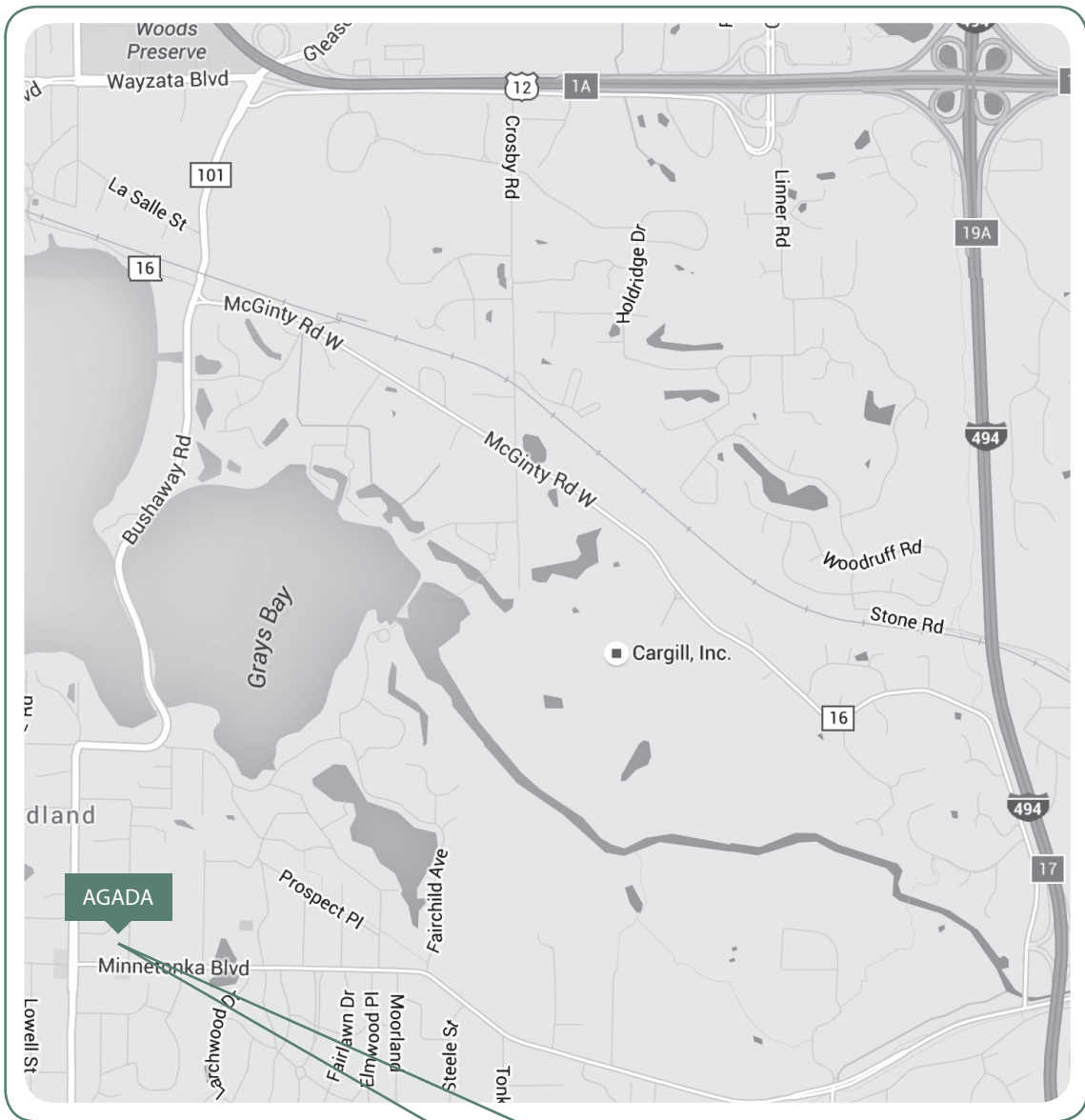
Specific Requests or Instructions: _____

Physician's Name: _____

Clinic: _____ Phone Number: _____

Physician's Signature: _____ Date: _____

I certify that the above treatment plan is medically necessary and approved.



Our Office:

3311 County Road 101, Suite 3
 Minnetonka, MN 55391

Located next to
 Wayzata Cleaners and
 Hanus Sports.

Phone: 952-303-4550
 Fax: 952-303-3004

swen@agadapt.com
www.agadapt.com

