



"Wave of Recovery"

Ocean Physical Therapy

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San Diego, California 92109
Tel: (858) 866-0340
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Patients Name: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Specific Instructions (as needed): _____

Evaluate and Treat (as needed)

- | | |
|--|--|
| <input type="checkbox"/> Manual Therapy - Mobilization | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Soft Tissue Massage - Mobilization | <input type="checkbox"/> Neuromuscular Re-education |
| <input type="checkbox"/> Therapeutic Exercise - Active -
Passive - Resistive - Functional | <input type="checkbox"/> Electrical Stimulation - Pain Control |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Traction (manual) - Cervical -
Pelvic - Extremities | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Simulated Work Hardening - Conditioning | <input type="checkbox"/> Heat Pack |
| | <input type="checkbox"/> Custom Foot Orthotics |
| | <input type="checkbox"/> Other - Specify |

Frequency: ___ per week for ___ weeks Physicians Signature: _____

Print Name: _____ Lic/NPI# _____