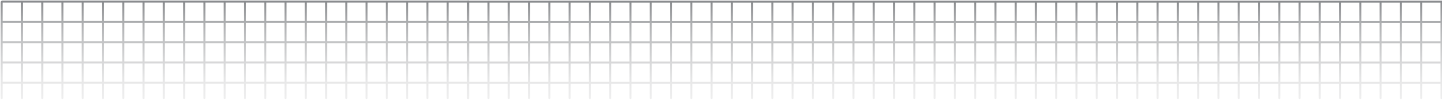




1581 North Main Street,  
Palmer, MA 01069  
Phone: 413-283-8303  
Fax: 413-283-8304

185 West Ave.  
Ludlow, MA 01056  
Phone: 413-610-1393  
Fax: 413-610-1395

75 Springfield Road  
Westfield, MA 01085  
Phone: 413-642-5853  
Fax: 413-642-6153



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### TREATMENT RECOMENDATION

Physical Therapy       Evaluate and Treat

#### Frequency and Duration:

1 x /Home Program       2 x wk for \_\_\_ wks       3x wk for \_\_\_ wks

Other \_\_\_\_\_

Modalities       Manual Therapy

Therapeutic Exercises       Post - Op

Vestibular/Neuro Rehab

**Comments / Precautions:** \_\_\_\_\_

\_\_\_\_\_

### MEDICAL AUTHORIZATION

I CERTIFY THAT THE ABOVE SERVICES ARE MEDICALY NECESSARY.

Signature: \_\_\_\_\_ MD / DO / PAC / NP

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_