



Kim Schonhoff-Reiter, MSPT

Clinic Director

Body Basics Physical Therapy

352 E. Ridgeway Avenue

Waterloo, IA 50702a

Office: 319-233-3010 • Fax: 319-233-3919

www.bodybasicspt.net

Patient Name: _____ Date: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks.

EVALUATE & TREAT

Therapeutic Exercise

- Passive ROM
- Active ROM
- Progressive Resistive Exercise
- Stabilization Program
- Posture/Body Mechanics
- Gait Training
- Home Exercise Program

Manual Therapy

- Soft Tissue Mobilization
- Joint Mobilization

Sports Specific Training

Neuromuscular Re-education

- Strain Counterstrain
- Balance/Proprioceptive Training

Modalities

- Moist Heat
- Ice
- Infrared
- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- Mechanical Traction

SPECIAL INSTRUCTIONS: _____

The above plan of care is established and will be reviewed every 30 days.

I certify the medical necessity of therapy.

Physician's Signature: _____

Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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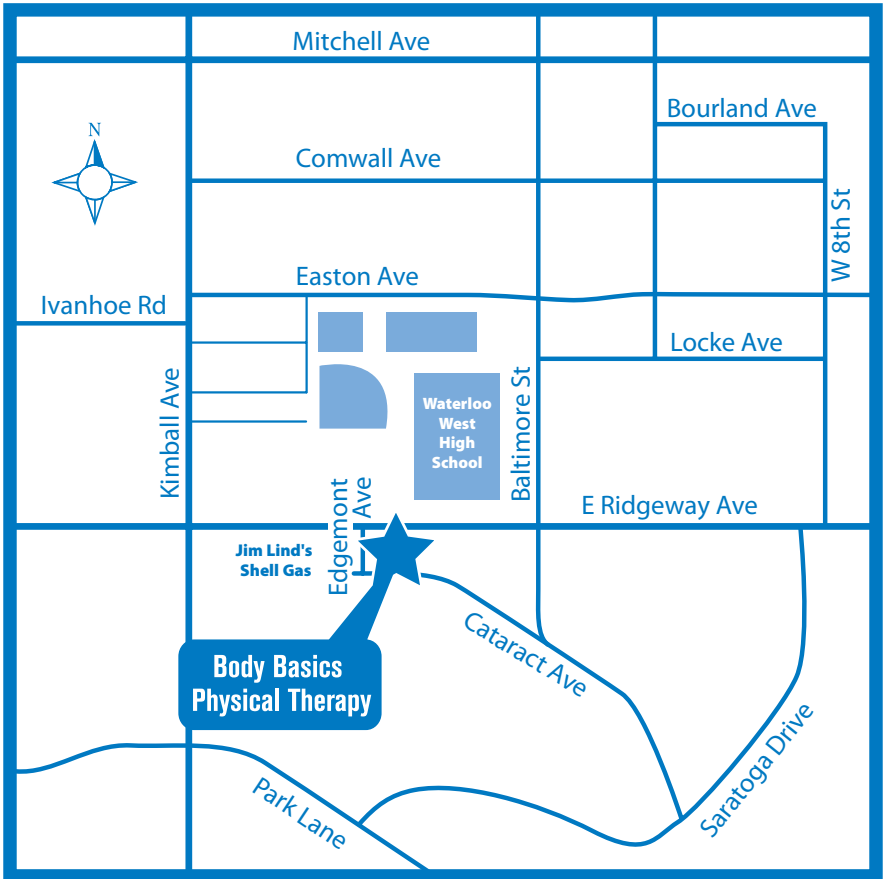
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JUST A REMINDER:

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

WHAT TO WEAR:

- Please wear comfortable clothing including T-shirts, shorts/sweatpants and gym shoes.