



2103 Reedale Ave, Augusta, GA 30906
<https://pro-activehealth.com>

T: (706) 814-6887

F: (706) 814-6587

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Diagnosis: _____

Surgical Procedure: _____

Physical Therapy/Occupational Therapy (Circle One or Both) Evaluate and Treat:

Days/week: 1 2 3 4 5 Duration: 1 2 3 4 5 6 ___ weeks

Specialty Therapies: Check all that apply

<input type="checkbox"/>	Total Joint Replacement	<input type="checkbox"/>	Aquatic Therapy
<input type="checkbox"/>	Post-surgical Rehabilitation	<input type="checkbox"/>	Foot, Ankle, & Running
<input type="checkbox"/>	Amputee Rehabilitation	<input type="checkbox"/>	Vestibular Rehab
<input type="checkbox"/>	Hand Therapy/Hand Treatment	<input type="checkbox"/>	Fall Prevention
<input type="checkbox"/>	Musculoskeletal & Chronic Pain Management	<input type="checkbox"/>	Sports Injury or Performance Improvement
<input type="checkbox"/>	Home Accessibility & Safety	<input type="checkbox"/>	Cardiac & Vascular Rehabilitation

Instructions / Precautions: _____

Physician Signature: _____ Date: _____

Printed Physician Name: _____

Physician Phone Number: _____

Referring Staff Member Name: _____

Please fax this script to ProActive Rehabilitation & Wellness, or bring to 1st appt.

Important Details:

- Plan on 1^{1/2} hours for your first appointment.
- Bring a list of medications and any information regarding your condition.
- Bring or wear gym clothes and athletic shoes based on your treatment area.