



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"/>	Balance & 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
<input type="checkbox"/>	Sports & Therapeutic Massage	<input type="checkbox"/>	Spine & Back Rehabilitation
<input type="checkbox"/>	Shoulder &/or Neck Pain	<input type="checkbox"/>	Other: _____

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<sup>1/2</sup> 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.