



2103 Reedale Ave, Augusta, GA 30906

T: (706) 814-6887

F: (706) 814-6587

<https://pro-activehealth.com>

Patient Name: _____ DOB: _____

Patient Phone Number(s): _____

Diagnoses: _____

Surgical Procedure(s): _____

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"/> | Women's Pelvic Health | <input type="checkbox"/> | Other _____ |

Instructions / Precautions: _____

Physician Signature: _____ Date: _____

Printed Physician Name: _____ NPI# _____

Physician Phone Number: _____ Fax: _____

Referring Staff Member Name: _____

Please fax this script to ProActive Rehabilitation & Wellness with the patient's demographic and insurance information.

Important Details:

- Plan on 1 to 1 ½ 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.