



2103 Reedale Ave, Augusta, GA 30906

T: (706) 814-6887

F: (706) 814-6587

<https://pro-activehealth.com>

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

Patient Phone Number: \_\_\_\_\_ Diagnosis & code(s): \_\_\_\_\_

Previous 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"/>	Home Accessibility & Safety
<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	<input type="checkbox"/>	Sports Injury or Performance Improvement
<input type="checkbox"/>	Men's Pelvic Floor PT	<input type="checkbox"/>	Cardiac & Vascular Rehabilitation
<input type="checkbox"/>	Women's Pelvic Floor PT	<input type="checkbox"/>	Dry Needling Treatment

Instructions / Precautions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Staff Member Name/Title: \_\_\_\_\_

**Please fax this script, patient demographics (including insurance card(s) if available) and referral note to ProActive Rehabilitation & Wellness, or bring it to 1st appointment.**

Important Details:

- Plan on 45 minutes to an hour for your first appointment (60-90 minutes for Pelvic Floor).
- Bring a list of medications and any information regarding your condition.
- Bring or wear gym clothes and athletic shoes based on your treatment area.