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Phone: 813-631-9700 Fax: 813-631-9770 www.GingerFitnessRehab.com

Transportation provided for patients upon request

Prescription for Physical Therapy

Patient Name: _____ DOB: _____ Ins: _____

Diagnosis + ICD-9 codes: _____

PT Evaluation and Treatment:

___ Pain Management

- Foot - Ankle - Knee - Hip
- TMJ -Jaw
- Hand - Wrist - Elbow - Shoulder
- Neck
- Back - Sacroiliac
- Headaches
- Fibromyalgia
- Abdominal and/or Pelvic Pain
- _____

___ S/P Surgery/ Scar tissue/ Edema control:

- Scar Tissue Management
- Lymphedema
- Adominal surgeries
- _____

___ Wound care:

- Cardiovascular wounds
- Diabetic wounds / Decubitus ulcers
- Scar Tissue Management
- Lymphedema / edema control
- Open Heart / post op wounds
- Debridement /Pressure relief
- _____

___ Hand Rehab

- splinting _____

___ Worker's Injury

- Functional Capacity Eval
- Work Conditioning
- Job Testing
- Workplace Safety / Set Up
- Disability Determination

___ Chronic Repetitive Injury

___ Performing Arts / Sports injury

___ Cardiac Rehab

___ Neurological Rehab

- Stroke / Traumatic Brain Injury
- Spinal Cord Injury
- Muscular Dystrophy
- _____

___ Developmental Disability/Delay

- Oral Motor
- Gross / Fine Motor Control
- _____

___ Balance Problems

___ Vestibular Rehab

___ Scoliosis / Spinal Deformities

___ Arthritis Management

___ Osteoporosis Management

___ Pelvic Floor Rehab MEN/WOMEN/CHILDREN

___ Incontinence:

- Pelvic pain/ Pelvic Surgeries
- Fecal / Urinary
- Sacro-iliac Dysfunction
- Pelvic Floor Strengthening
- _____

___ OB GYN/ Women's Health:

- C-section / Episiotomy / post delivery pain / Scar massage
- Pelvic Pain
- Vaginal pain
- Breast Reconstruction Lymphedema
- Prenatal and Post-Partum Strengthening: Bed-Rest Exercises
- Post-Op Retraining
- _____

___ Assistive Technology Consult - RESNA certified:

- Wheelchair and Seating Evaluation
- other DME / AT recommendations
- Exercise Equipment Choices
- Home Safety Screenings
- Braces and Splinting
- Playground Equipment & Toys for Children's Motor Development

___ Fitness Services:

- Safe Exercise Program: Correct Form and Appropriate Equipment
- Massage and Stretching
- Sports-Related Fitness (Golf, Tennis, Youth Sports, etc)
- Performing Arts Fitness (Musicians, Dancers)

Referred by (Physician Name): _____ NPI #: _____

Signature: _____ Date: _____

Have a Harmonious and Healthy Year!