



Conforti Physical Therapy & Fitness Center

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www.confortiphysicaltherapy.com

Date: _____

Patient Name: _____

Diagnosis: _____

Precaution: No ____ Yes _____

Weight Bearing Status: _____

Evaluate & Treat

Specific Treatment:

Manual Therapy

McKenzie MDT Eval and Treat

Aquatic Therapy

Pilates Stabilization

Therapeutic Exercise

Modalities

Neuromuscular Re-Education

Fitness Evaluation

Other _____

Frequency: 3 times per week Other:

Signature: _____