



www.MissionPhysicalRehabilitation.com

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San Antonio, Texas 78224
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Cibolo, TX 78108
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EAST SOUTHCROSS
(Aquatic Therapy)
3875 E. Southcross, Suite B
San Antonio, TX 78222
T: 210-337-7953 F: 210-337-7966

KIRBY
6658 Summerfest Dr., Suite 101
San Antonio, TX 78244
T: 210-858-8499 F: 210-880-4116

LIVE OAK (Aquatic Therapy)
12413 Judson Rd., #260
Live Oak, TX 78233
T: 210-656-7953 F: 210-656-7957

MEDICAL CENTER
(Aquatic Therapy)
2140 Babcock Rd., Suite 130
San Antonio, TX 78229
T: 210-614-7953 F: 210-614-4190

NEW BRAUNFELS
894 Loop 337, Suite C
New Braunfels, TX 78130
T: 830-609-2000 F: 830-606-4028

SEGUIN
1415 East Walnut St, Suite 500
Seguin, TX 78155
T: 830-240-2608 F: 830-240-2609

Patient Name: _____ Date: _____

Telephone#: _____ DOB: _____

Diagnosis: _____

Frequency: ☐ 5x week ☐ 4x week ☐ 3x week ☐ 2x week ☐ 1x week
Duration: ☐ 8 weeks ☐ 6 weeks ☐ 4 weeks ☐ 3 weeks ☐ 2 weeks

Precautions: _____

☐ Consult: Evaluate & Treat

Goals: ☐ Increase R.O.M. ☐ Decrease Pain ☐ Establish Home Exercise Program
☐ Increase Strength ☐ Decrease Edema ☐ Improve Function
☐ Increase Endurance ☐ Return to Work ☐ Other: _____

Therapeutic Exercise/Programs

- ☐ Aquatic Therapy
- ☐ McKenzie Program
- ☐ Flexion Program
- ☐ Functional Stabilizing Program
- ☐ Physical Conditioning
- ☐ Codman Exercises
- ☐ NDT/PNF
- ☐ Pilates/Core Stabilization
- ☐ Hand Therapy Program
- ☐ Pregnancy (Pre/Post Natal)
- ☐ Pelvic Floor Therapy
- ☐ Lymphedema
- ☐ Passive/Active R.O.M./Strengthening
- ☐ TMJ Dysfunction & TMD
- ☐ Vestibular Rehab
- ☐ Balance Rehab
- ☐ Fall Risk Assessment

Manual Therapy

- ☐ Soft Tissue Mobilization
- ☐ Joint Mobilization
- ☐ Manual Stretching
- ☐ Manual Traction
- ☐ Muscle Energy Technique
- ☐ Positional Release

Industrial Rehabilitation

- ☐ Work Conditioning
(Includes Pre & Post FCE)
- ☐ Work Hardening (Includes Pre & Post FCE)
- ☐ Back School/ Body Mechanics Training
- ☐ Injury Prevention Program
- ☐ Functional Capacity Evaluation (FCE)
- ☐ Impairment Rating

Modalities

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Neuromuscular Re-Education
- ☐ Gait Training
- ☐ Iontophoresis/Phonophoresis
- ☐ TENS (Rental/Purchase)
- ☐ Hydrotherapy/Whirlpool
- ☐ McConnell Taping
- ☐ Orthotics
- ☐ Mechanical Traction, Cervical & Lumbar

Additional Instructions: _____

Follow-up appointment with Physician: _____

I certify the above treatment plan is medically necessary and approved by me.

Physician: _____

Signature: _____ Date: _____

Do not email prescription. The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.