



Precision

Physical Therapy
and Wellness

Ask about our
48 Hour First Appointment Guarantee*

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Patient Name: _____

Patient Phone: _____ DOB: _____

Diagnosis: _____

Musculoskeletal Rehab & Pain Mgmt.

- Evaluate & Treat
- Back Rehab
- Neck Rehab
- Shoulder Rehab
- Elbow & Wrist Rehab
- Knee Rehab
- Hip Rehab
- Ankle & Foot Rehab
- TMJ PT
- Post-Op Rehab
- Other: _____

Balance & Fall Prevention

- Evaluate & Treat
- Generalized Weakness
- De-Condition/Atrophy
- Peripheral Neuropathy
- Post-CVA
- Parkinson's Program
- BPPV / Vestibular
- Fall Risk Program
- Other: _____

Modalities

- Electric Stimulation
- Ultrasound
- Muscle Stimulation
- Anodyne / Infrared
- Thermal (Moist Heat)
- Biofeedback
- Other: _____

Women's Health: Pre-natal / Post-natal / Post-Mastectomy

- Sciatic pain
- Sacroiliac Instability / Groin Pain
- Low back pain & Core retraining
- Carpal Tunnel
- Postural instability / pain
- Post-Mastectomy Lymphedema Mgmt./ Upper Limb Rehab
- Other: _____

Precautions/Note: _____

Frequency & Duration: _____ x _____ weeks

Signature: _____ Date: _____