



Physical Therapy Services
of Ottawa County

1Royal Park Drive, Suite #2
Zeeland, MI 49464
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Jeff Green, PT

Jason Kooi, PT

Patient Name: _____ DOB: ____/____/____

Patient Phone: _____

Diagnosis: _____

Test Results: _____

Precautions/Comments: _____

Treatment Procedures

Evaluate and treat as appropriate

- | | |
|---|--|
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Active |
| <input type="checkbox"/> Hot/Cold Packs | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Progressive Resistive |
| <input type="checkbox"/> Mechanical Traction | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Paraffin Bath | <input type="checkbox"/> Work Hardening |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Lumbar Stabilization |
| <input type="checkbox"/> Massage/Soft Tissue Mobilization | <input type="checkbox"/> William's Flexion |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Mackenzie Extension |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Postural Correction |
| <input type="checkbox"/> Vestibular Rehabilitation | <input type="checkbox"/> Splinting/Bracing |
| <input type="checkbox"/> Balance & Coordination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Proprioceptive Activities | |

Frequency: 1 2 3 4 5 times/week Duration: _____ weeks

Physician Signature: _____ Date: _____

Doctor: Please check here if more referral forms are needed

Directions from Chicago Drive: Turn south on State Street from Chicago Drive. Royal Park Drive is the first road to the right, turn right onto Royal Park Drive and then right again into our parking lot. Our office is the middle suite straight in through the entry doors.