MIZUTA & ASSOCIATES PHYSICAL THERAPY

Mobile Outpatient Orthopedics

Ericka Mizuta, DPT / Graig Gubello, DPT / Erin Roos, DPT / Kathryn Affleck, MSPT / Michelle Lacey, DPT

PATIENT NAME: _____ DATE OF BIRTH: _____

DIAGNOSIS:	
PRECAUTIONS:	
FREQUENCY:	DURATION:

MOBILE TREATMENTS

EVALUATE & TREAT ❑

MANUAL THERAPY ❑

VESTIBULAR/BALANCE ❑

BPPV ❑

WOMEN'S HEALTH ❑

ATHLETIC SPORTS PERFORMANCE ❑

NEUROMUSCULAR REHAB ❑

HOME SAFETY EVALUATIONS ❑

MODALITIES ❑

FUNCTIONAL EXERCISES ❑

Referring Provider Signature: _____ Date: _____

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