



PORTAGE LOCATION

6016 Lovers Lane, Suite 3
Portage, Michigan 49002
Phone: (269) 329-0934
FAX: (269) 329-0965

KALAMAZOO LOCATION

5886 Venture Park
Kalamazoo, Michigan 49009
Phone: (269) 375-4737
FAX: (269) 375-4747

Please **FAX** signed prescription prior to initial visit or send with patient.

PATIENT INFO

Name: _____ D.O.B. _____
Home Phone: _____ Alt. Phone: _____
Diagnosis: _____
Insurance: _____

REQUESTED SERVICES

- Physical Therapy
- Aquatic Therapy (Kalamazoo Location)

PHYSICIAN FOLLOW-UP APPT.

- PRN N/A
- Date: _____

REQUESTED ACTION

- Evaluate and Treat Continue Therapy Modify as Needed

INITIAL THERAPY APPOINTMENT

Date: _____ Time: _____ Location: Portage
Therapist Name: _____ Kalamazoo

INSTRUCTIONS / MODALITIES / PRECAUTIONS / GOALS

Frequency: _____ times/week Duration: _____ weeks Therapist Discretion

HEALTHCARE PROVIDER INFO

Referring Provider Signature: _____ Date: _____
I certify that the above patient is under my care and that this prescription is medically necessary.
Office: _____ Phone Number: _____

Agility Office Use Only:

Pt. Scheduled: _____
Reminder Call: _____
Paperwork Emailed: _____

PHYSICAL THERAPY PRESCRIPTION

SPECIALTY SERVICES

- Orthopaedic & Sports Functional Rehabilitation
- Post-operative Rehabilitation
- Neuromuscular Re-education with Biofeedback Training
- Aquatic Physical Therapy
- Videotaped Gait Analysis for Walking or Running
- Biomechanical Analysis
- Orthotic Recommendations
- Balance & Fall Risk Assessment
- Posture & Body Mechanics Educ.
- Manual Therapy
- McKenzie-trained Therapy for Spine Disorders
- Pelvic & Sacroiliac Dysfunction
- Performing Arts & Dance Medicine
- Post-Partum Athlete Program
- Pediatric (Just for KIDS) Program
- S² P.E.A.K. Training**
(Sports Specific Performance Enhancement And Knee Injury Prevention Training)
- Golf F.I.T. Program**
(Golf Functional Integrated Training Program)