

Patricia Boulet, PT

Boulet Physical Therapy & Wellness Institute

Relieving your pain • Restoring your movement

www.BouletPTandWellness.com

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Patient: _____ Date: _____

Diagnosis: _____ Area To Be Treated: _____

Precautions: _____

Frequency: _____ Duration: _____

EVALUATE AND TREAT

- | | | |
|---|--|--|
| <input type="checkbox"/> HOT PACK | <input type="checkbox"/> COLD PACK | <input type="checkbox"/> MOBILIZATION |
| <input type="checkbox"/> ULTRASOUND | <input type="checkbox"/> HIVAMAT | <input type="checkbox"/> BACK SCHOOL |
| <input type="checkbox"/> LASER | <input type="checkbox"/> IONTOPHORESIS | <input type="checkbox"/> HOLD / RELAX MUSCLE STRETCHING |
| <input type="checkbox"/> ELECTRICAL STIMULATION | <input type="checkbox"/> MASSAGE | <input type="checkbox"/> GAIT TRAINING |
| <input type="checkbox"/> TRACTION <input type="checkbox"/> CERVICAL | <input type="checkbox"/> ERGONOMICS ANALYSIS | <input type="checkbox"/> NWB <input type="checkbox"/> PWB <input type="checkbox"/> FWB |
| <input type="checkbox"/> PELVIC | | |

THERAPEUTIC EXERCISES

- | | | |
|--|--|---|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> BACK PROGRAM | <input type="checkbox"/> BALANCE/COORDINATION |
| <input type="checkbox"/> ACTIVE ASSISTED | <input type="checkbox"/> NECK PROGRAM | <input type="checkbox"/> FALL PREVENTION |
| <input type="checkbox"/> PASSIVE | <input type="checkbox"/> TMJ PROGRAM | <input type="checkbox"/> POSTURAL CORRECTION |
| <input type="checkbox"/> RESISTED | <input type="checkbox"/> FITNESS/WELLNESS | <input type="checkbox"/> STABILIZATION/CORE STRENGTHENING |
| | <input type="checkbox"/> TEACH HOME EXERCISE PROGRAM | |

OTHER _____

Physical therapy for this patient is medically necessary.

M.D.