



# Maumelle Physical Therapy

Kenny De Luca, PT

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Onset \_\_\_\_\_

Precautions \_\_\_\_\_

## INSTRUCTIONS

Evaluate and initiate appropriate therapy

Please administer the following \_\_\_\_\_

\_\_\_\_\_

## TREATMENT PLAN

Therapist's discretion

Duration of treatment \_\_\_\_ weeks

Frequency of treatment 1 2 3 4 5 (days per week)

## ADDITIONAL COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_