

ProActive

Physical Therapy and Sports Medicine
AN EMPOWER PT PRACTICE

www.proactive4pt.com

For appointments, call: **(760) 444-0102** • To send a referral, fax: **(760) 621-8425**

Evaluate and Treat: PT OT

CARLSBAD ✱

6070 Avenida Encinas, #100, Carlsbad, CA 92011 E: info@proactive4pt.com

CARMEL VALLEY

12000 Carmel Country Rd, San Diego, CA 92130 E: bayclubinfo@proactive4pt.com

RANCHO BERNARDO, 4S RANCH, CARMEL MOUNTAIN RANCH, POWAY *NEW ADDRESS DECEMBER 2022*

17150 Via Del Campo Suite 200, San Diego, CA 92127 E: centralinfo@proactive4pt.com

4S RANCH - Noonan Family Swim School ✱ *Aquatic Therapy Only*

10710 Thornmint Road, Suite A, San Diego, CA 92127 E: centralinfo@proactive4pt.com

VISTA, SAN MARCOS

1025 Service Place, Vista, CA 92084 E: vistainfo@proactive4pt.com

MISSION VALLEY, KEARNY MESA

3704 Ruffin Road, San Diego, CA 92123 E: mvinfo@proactive4pt.com

NATIONAL CITY, SOUTH BAY, CHULA VISTA 2345 E. 8th Street, Suite 106 & 107, National City, CA 91950

E: southbayinfo@proactive4pt.com

✱ *Aquatic Therapy Location*

Patient's Name: _____ Phone: _____

Diagnosis: _____ DOB: _____

Surgical Procedure: _____ Date of Surgery: _____

Precautions/Special Instructions: _____

Frequency: _____ Duration: _____

Procedures:

- ___ Therapeutic Procedure/Exercise
- ___ Therapeutic Activities
- ___ Joint Mobilization/Manual
- ___ Myofascial Release/Manual
- ___ Soft Tissue Mobilization/Manual
- ___ Neuromuscular Reeducation
- ___ Gait Training
- ___ Taping
- ___ Home Exercise Program
- ___ Posture/Body Mechanics
- ___ TMJ Rehabilitation
- ___ Covid Fatigue Program *NEW*

Modalities:

- ___ Ultrasound
- ___ Electric Stimulation/Cold/Hot Packs
- ___ Traction
- ___ Cupping
- ___ Hand Therapy - CHT
- ___ Aquatic Therapy (4S/Thornmint, Carlsbad, Carmel Valley, Vista)
- ___ Functional Capacity Evaluation - FCE
- ___ Work Conditioning
- ___ Neuro Rehabilitation
- ___ Vestibular Rehabilitation
- ___ Women's Pelvic Floor (Carlsbad, Vista)
- ___ Blood Flow Restriction - BFR *NEW*

Special Instructions: _____

Physician's Signature: _____ Date: _____

Phone: _____ Fax: _____

(Driving Directions on reverse)