1401 17th Street, Suite 475
Denver, CO 80202
Phone: (303) 515-2500 Fax: (303) 515-2525
Website: www.lodopt.com
Email: info@lodopt.com

Patient Name: ______________________ **Date:** ______________

Diagnosis: ______________________ **Precautions:** ______________

Evaluate & Treat: ____

- ☐ Manual Therapy
- ☐ Therapeutic Exercises
- ☐ Neuromuscular Re-Education
- ☐ Trigger Point Dry Needling
- ☐ Massage
- ☐ Post-Surgical Rehab
- ☐ Pilates
- ☐ Self-Care ADL's
- ☐ Running Analysis
- ☐ Patient Education

Frequency: ____ 1x/wk ____ 2x/wk

______________ Other

Duration of Treatment: _____wks

_____Prn

Other Notes:

____

Signature