



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Evaluate & Treat                | <input type="checkbox"/> Redcord (neuromuscular activation) |
| <input type="checkbox"/> Evaluate & Report               | <input type="checkbox"/> Injury Prevention Screen & Report  |
| <input type="checkbox"/> AlterG (anti-gravity treadmill) | <input type="checkbox"/> Other: _____                       |

Special Instructions: \_\_\_\_\_

Frequency/Duration: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_