



*Advanced Physical Therapy for Faster Results*

**PATIENT INFO**

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_

Diagnosis \_\_\_\_\_

Frequency \_\_\_\_\_ x/week Duration \_\_\_\_\_ x/week

**ORDERS**

- Evaluate and Treat
- Evaluation Only
- Continue Rehabilitation
- Dry Needling /Accupuncture

PRECAUTIONS/CONTRAINDICATIONS:

SPECIAL INSTRUCTIONS:

2010 N.W. Military Hwy.  
San Antonio, Texas 78213  
210-308-5558 • Fax: 210-308-5557  
catalystptsa.com



Follow-Up Appointment with physician: \_\_\_\_\_  
I hereby certify these services as medically necessary for the patient's plan of care.

Physician Signature

Date

Thank You For Your Referral! Your Catalyst Physical Therapy Team