Long Chiropractic Center

❑ Casey Long, DC ❑ Terri Graham, DPT

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LongChiroCenter.com

Thank you for choosing Long Chiropractic and Physical Therapy!
Please send us any applicable notes and imaging.

Name: _____ DOB: _____ Date: _____

Diagnosis: _____

Recent X-Rays of Area: ___ Y ___ N Worker's Compensation: ___ Y ___ N Adjuster/Case Mgr:_____

Recommended Frequency: _____ Times per Week for _____ Weeks _____

PHYSICAL / ATHLETIC / OCCUPATIONAL EVALUATION AND TREATMENT

MODALITIES

❑ Muscle Stim
❑ Hot Packs
❑ Cold Packs
❑ Ice Massage
❑ Ultrasound
❑ Phonophoresis with _____
❑ Iontophoresis with DEX

VESTIBULAR REHABILITATION

BPPV

THERAPEUTIC EXERCISE / ACTIVITY

❑ R.O.M.
❑ Shoulder Rehabilitation
❑ Hand Rehabilitation
❑ Knee Rehabilitation
❑ Ankle Rehabilitation
❑ Back/Neck Rehabilitation
❑ Spinal Stabilization
❑ Proprioception/Balance Training
❑ Functional Activities
❑ Muscle Stregthening
❑ Osteoporosis Program

MASSAGE THERAPY

MANUAL THERAPY

❑ Tissue Mobilization
❑ Chiropractic

DECOMPRESSION

❑ Pelvic
❑ Cervical

OTHER:

_____

_____

_____

I hereby certify that the above services have been deemed medically necessary.

Physician Signature: _____ Date: _____