

Tim Bondy Physical Therapy

Physical Therapy Occupational Therapy Home Care

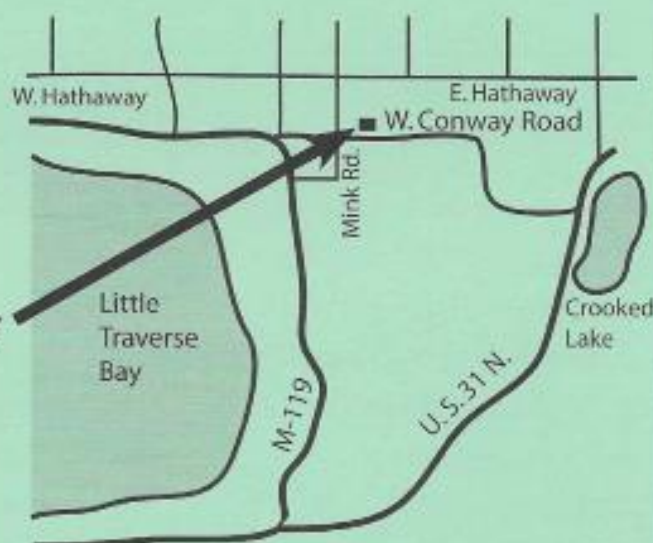
- 1171 W. Conway Road, Harbor Springs (231) 487-6163 fax (231) 487-4615
 930 State Street, Harbor Springs (231) 242-0791 fax (231) 242-0913
 Home Care (231) 347-6636 fax (231) 347-2886

Patient Name _____		Frequency/Duration of Treatment _____	
Diagnosis/Code _____			
Precautions (if any) _____			
<input type="checkbox"/> Evaluate and Treat		<input type="checkbox"/> Other/Special Instructions	

Patient Phone # _____			
<input type="checkbox"/> Orthopaedic Manual Therapy	<input type="checkbox"/> Strength/ROM Exercises	<input type="checkbox"/> Balance Training/Fall Prevention	<input type="checkbox"/> Vestibular Evaluation/Rehab
<input type="checkbox"/> Myofascial Release	<input type="checkbox"/> Postural Exam	<input type="checkbox"/> Kinesiotaping	<input type="checkbox"/> Gait Training
<input type="checkbox"/> Traction	<input type="checkbox"/> Aquatic Therapy/Underwater Treadmill	<input type="checkbox"/> Home Program Instruction	<input type="checkbox"/> Home Safety Evaluation
<input type="checkbox"/> ADL Evaluation	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Electrical Stimulation	<input type="checkbox"/> Iontophoresis
<input type="checkbox"/> Heat/Cold Therapy	<input type="checkbox"/> Paraffin Treatments	<input type="checkbox"/> Orthotics	<input type="checkbox"/> Splinting/Adaptive Equipment
<input type="checkbox"/> Hand Therapy	<input type="checkbox"/> TKA Pre-hab	<input type="checkbox"/> THA/TKA Rehab	<input type="checkbox"/> Other
I certify that according to my examination, this patient is in need of Physical and/or Occupational Therapy. The established plan of care will be renewed as indicated.			
Physician Name (printed) _____			
Physician Signature _____		Date _____	
Refer to the map and patient instructions on the reverse side.			



Tim Bondy Physical Therapy
Fairview Square
930 State Street, #10
Harbor Springs
(231) 242-0791



Tim Bondy Physical Therapy
1171 W. Conway Road
Harbor Springs
(231) 487-6163

Patient Instructions:

- 1. Bring your therapy prescription and current medication list with you to your first appointment.**
- 2. Bring your insurance information with you to your first appointment (cards, address, claim number, and driver's license.)**
- 3. Wear comfortable clothing. Patients with back and leg problems should bring a pair of shorts. Aquatic patients should bring swim wear.**
- 4. Arrive 15 minutes early for your first appointment to complete necessary paperwork.**
- 5. If you are unable to make your appointment, please call. If you call after hours, please leave a detailed message.**