

HANFORD
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Hanford, CA 93230
(559) 582-1027 phone
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VISALIA
5533 West Hillsdale Ave., Suite A
Visalia, CA 93291
(559) 733-2478 phone
(559) 733-2470 fax

Patient Name: _____

Diagnosis: _____

Conditions:

- | | | |
|---|---|---|
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Abnormal Posture | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Abnormal Gait | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Hyperglycemia |
| <input type="checkbox"/> Hip Pain | <input type="checkbox"/> Edema | <input type="checkbox"/> Impaired Fasting Glucose |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Muscle Wasting | <input type="checkbox"/> Dysmetabolic Syndrome |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Insulin Resistant | <input type="checkbox"/> Hyperlipidemia |
| | | <input type="checkbox"/> Weight Gain |

Procedures: { } PT Evaluate & Treat

{ } Metabolic Rx

Frequency: 1 2 3 4 5 times per week

Duration: 4 5 6 7 8 weeks

Comments/Precautions/Restrictions:

PLEASE SEND COPIES OF TEST RESULTS
AND RECENT BLOOD WORK

Physician Signature

Date

