

### Patient Information

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Evaluate and Treat:  Frequency of Treatment: \_\_\_\_\_ Days a week, for \_\_\_\_\_ weeks

### Modalities

At Therapist's Discretion

Hot/Cold Packs

Ultrasound

Electrical Stimulation

Traction

### Physical Therapy

Balance Disorders / Fall Risk

Functional Training

Lower Extremity Rehabilitation

Neck Pain

Low Back Pain

Post Motor Vehicle Accidents

Sports Specific Strengthening

Stroke Rehabilitation

Upper Extremity Rehabilitation

Work Hardening Programs

Work Injury Programs &  
Rehabilitation

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Call us to make an appointment**

**Office:** 559-436-4820

**Fax:** 559-436-4821

**PT Location:** 6145 N Thesta St, Fresno, CA 93710

**Learn More:** [valleyfootankle.com](http://valleyfootankle.com)

**New Location Opening Soon!**

988 N. Temperance Ave Clovis, CA 93611



## We Accept Most Insurance Plans



### For Epic Users:

- ✔ Set "To department" to Valley Foot Ankle PT
- ✔ Set "To Department Specialty" to Physical Therapy

Physical Therapy- NON CMC ✔ Accept ✕ Cancel

Class:	<input checked="" type="radio"/> External Referral	<input type="radio"/> Incoming Referral	<input type="radio"/> Internal Referral
Referral:	To Department:	<input type="text" value="VALLEY FOOT ANKLE PT"/>	<input type="text" value="PHYSICAL THERAPY CCMC"/>
	To Department Specialty:	<input type="text" value="Physical Therapy"/>	
	To Provider:	<input type="text"/>	
Reason:	<input type="text" value="Specialty Services Required"/>	<input type="text" value="Specialty Services Required"/>	<input type="text" value="Second Opinion"/> <input type="text" value="Patient Preference"/>
Priority:	<input type="text" value="Routine"/>	<input type="text" value="Routine"/> <input type="text" value="Urgent"/> <input type="text" value="Elective"/>	
Type:	<input type="text" value="Consult, Test &amp; Treat"/>	<input type="text" value="Consult, Test &amp; Treat"/>	

### For Non-Epic Users:

- ✔ [Please fax to 559-436-4821](tel:559-436-4821)
- ✔ Visit our website [valleyfootankle.com/physical-therapy](http://valleyfootankle.com/physical-therapy) for more information on our services, location, and providers.