

Patient Information

Patient Name: _____ Phone Number: _____

Insurance: _____ DOB: _____

Physician: _____ Diagnosis: _____

Provider Contact Information: _____

Evaluate and Treat Frequency of Treatment: ____ days per week for ____ weeks

Plan of Care

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Balance Disorders / Fall Prevention | <input type="checkbox"/> Post-Motor Vehicle Accident Recovery |
| <input type="checkbox"/> Functional Gait Training | <input type="checkbox"/> Sports Strength & Return to Play |
| <input type="checkbox"/> Lower Extremity Rehabilitation | <input type="checkbox"/> Stroke & Neurological Rehabilitation |
| <input type="checkbox"/> Upper Extremity Rehabilitation | <input type="checkbox"/> Work Injury & Work Conditioning Programs |
| <input type="checkbox"/> Neck & Spine Care | |
| <input type="checkbox"/> Low Back Pain Management | |

Therapeutic Modalities

At the therapist's discretion, guided by evidence and patient goals.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Manual Therapy• Therapeutic Exercise• Neuromuscular Re-education | <ul style="list-style-type: none">• Modalities including heat, ice, ultrasound, electrical stimulation, and traction |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

Provider Signature: _____ Date: _____

Easy Referral. Seamless Care.

Phone: 559-436-4820

Fax: 559-436-4821

Visit our website: vfapt.com

Fresno: 6145 N. Thesta St., Fresno, CA 93710

Clovis: 988 N. Temperance Ave., Clovis, CA 93611

Accepting Most Insurance Plans



For Epic Users:

Set "Department" to VFASP PT - Temperance

Set "Department Specialty" to Physical Therapy

Set "Provider & Address" to Makredes, Constantine

Referred To Clear

Vendor	Location/POS	Department Specialty
<input type="text"/>	INTERNAL	Physical Therapy
Department	Provider Specialty	Provider & Address
VFASP PT - TEMPERANCE	<input type="text"/>	MAKREDES, CONST...

[Provider Epic ID #300707](#)

For Non-Epic Users:

- ✓ Please fax referrals to 559-436-4821
- ✓ Visit our website at vfapt.com for more information on our services, locations, and providers.