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**intouchphysicaltherapy.com**

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

ICD 10 Diagnosis \_\_\_\_\_

Precautions \_\_\_\_\_

**Treatment Plan**

**EVALUATE AND TREAT \_\_\_\_\_ # OF VISITS**

**Functional Movement Training / Assessment**

- Therapeutic Exercise / Functional Strengthening
- Patient Education / Home Exercise Program
- Core Stabilization / Pilates Reformer
- Fitness Conditioning /  Kinesiotaping

**Manual Therapy**

- Strain / Counterstrain  Myofascial Release
- Muscle Energy  Joint Mobilization

**Modalities**

- Inversion Table  Traction
- IFC / E-Stim  Ultrasound

**Lymphedema Program**

- Lymphatic Drainage / Massage / Exercise

**Pelvic Health**

*Women*

- OB:EDD \_\_\_\_\_
- Incontinence:  
urge/stress/mixed
- Pelvic Floor:  
pain/tension/weakness
- Post-surgical/Musculoskeletal

*Men*

- Post-surgical/Musculoskeletal
- Abdominal pain
- Pelvic Floor:  
hypertonicity/weakness

Provider Signature **X**

Print Name \_\_\_\_\_