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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 _____