

# DMR CLINIC

## Rogers# Spine & Sports Rehab

**DMR Clinic Rogers**  
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 13690 Rogers Drive, Suite 180  
 Rogers, Minnesota 55374

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Dx Codes: \_\_\_\_\_  
 Onset/DOI: \_\_\_\_\_ # Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Evaluate & Treat Frequency: \_\_\_\_\_/wk Duration: \_\_\_\_\_ Weeks Total Visits: \_\_\_\_\_

### General Physical Therapy & Sports Rehabilitation

Exercise/Fitness	Manual Therapy	Modalities, Braces & Supplies
<input type="checkbox"/> Posture/Body Mechanics	<input type="checkbox"/> Dynamic Muscle Technique (DMT)	<input type="checkbox"/> Cold Laser
<input type="checkbox"/> Stretching/Flexibility	<input type="checkbox"/> Active Release Therapy (ART)	<input type="checkbox"/> Traction <input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar
<input type="checkbox"/> Passive ROM	<input type="checkbox"/> Craniosacral Therapy	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Active/Assistive ROM	<input type="checkbox"/> Myofacial Release	<input type="checkbox"/> Interferential E Stim
<input type="checkbox"/> Balance/Stability Training	<input type="checkbox"/> Deep Tissue Release	<input type="checkbox"/> Game Ready
<input type="checkbox"/> Proprioceptive Exercise Training	<input type="checkbox"/> Trigger Point Release	<input type="checkbox"/> Kinesiotaping
<input type="checkbox"/> Core Strengthening	<input type="checkbox"/> Motion Assisted Muscle Release	<input type="checkbox"/> Brace/Support: _____
<input type="checkbox"/> Stabilization/Strengthening	<input type="checkbox"/> Soft Tissue Mobilization	<input type="checkbox"/> Tens Unit
<input type="checkbox"/> Home Exercise Program	<input type="checkbox"/> Integrated Progressive Mobilization (IPM)	<input type="checkbox"/> Orthotics
<input type="checkbox"/> Progressive Fitness	<input type="checkbox"/> Spinal Manipulative Therapy	<input type="checkbox"/> Home Traction <input type="checkbox"/> Cerv <input type="checkbox"/> Lumb
<input type="checkbox"/> Return to Sports Rehab		
_____	Other: _____	

### DMR Method

DMR Method Evaluate and Treat  
 Lumbar  Cervical  Other: \_\_\_\_\_  
 Acute  Chronic  
 Limited (6-12 visits) strain/sprains, non-radicular pain, minor sports injuries  
 Progressed (12-20 visits) facet syndrome, headaches, sciatica, cervicobrachial syndrome  
 Advanced (20-24 visits) disc herniation, DDD, spondylolisthesis, stenosis, post-operative

Special instructions: \_\_\_\_\_

### Other Services

Chiropractic Integrated Progressive Mobilization (IPM)  
 Massage Therapy  
 Deep Tissue  Sports  Myofacial  Craniosacral  
 Dry Needling  
 Area: \_\_\_\_\_

This form is a Prescription and a Statement of Medical Necessity and is valid with any licensed physical therapist in Minnesota.

Physician Name: \_\_\_\_\_

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

Clinic: \_\_\_\_\_ Fax: \_\_\_\_\_

• Tiffany Moriarity, PT, DPT • Michlynn Heide, DC

Please bring your insurance card, medical referrals and diagnostic imaging reports with you at the time of your first visit