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**HHWC North Lakes Area**

Phone: 218-568-5648

Fax: 218-568-5698

Frontdesk@Lakeswellness.com

31108 Government Drive

Pequot Lakes, MN 56472

**DMR Clinic Woodbury**

Phone: 651-621-8803

Fax: 651-757-4099

Darak@DMRwoodbury.com

1687 Woodlane Drive, Suite 201

Woodbury, MN 55125

**Hopkins Health & Wellness**

Phone: 952-933-5085

Fax: 952-931-2159

[PT@HopkinsWellness.com](mailto:PT@HopkinsWellness.com)

15 8th Avenue North

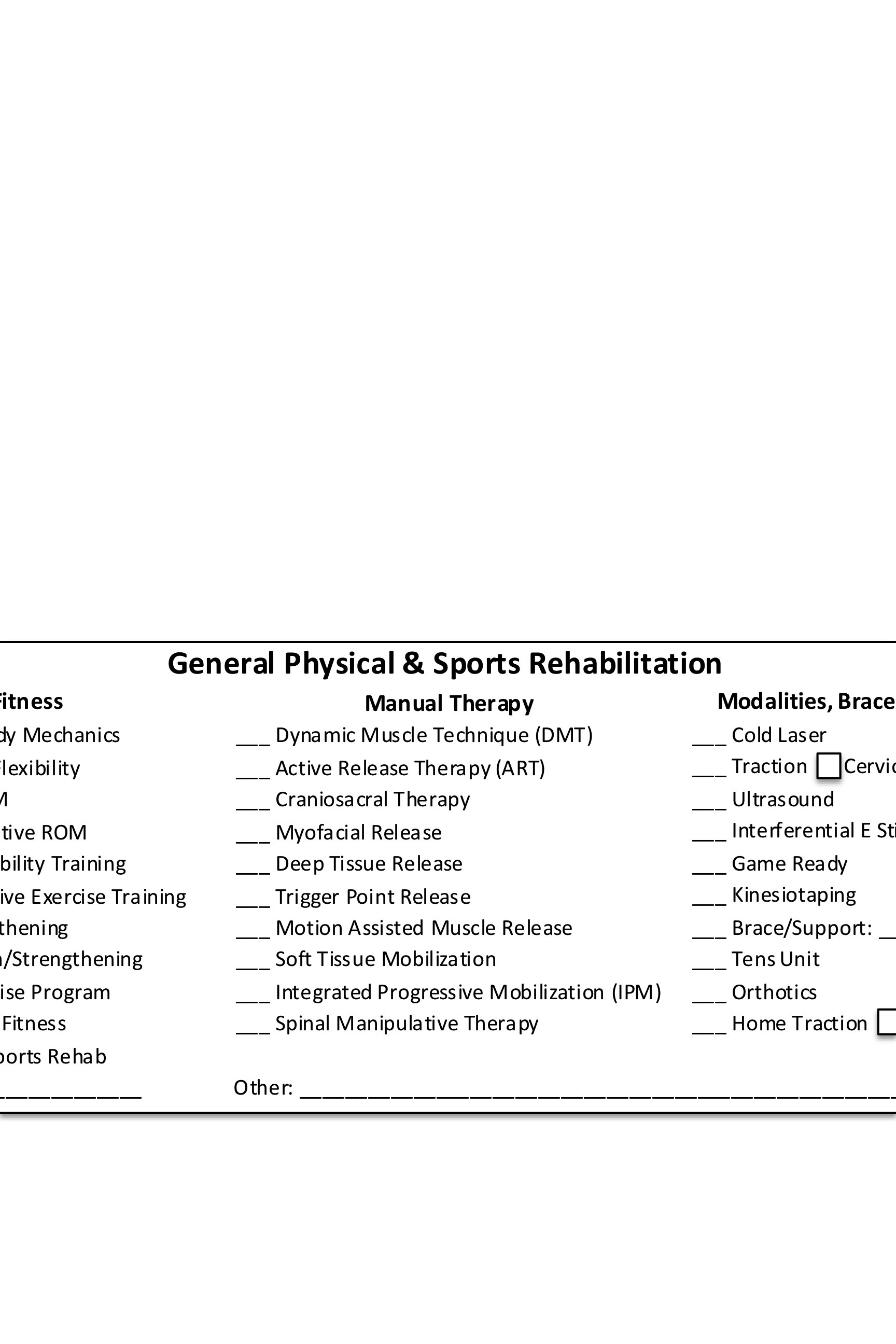
Hopkins, MN 55343

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dx Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onset/DOI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Modalities, Braces & Supplies**

\_\_\_ Cold Laser

\_\_\_ Traction Cervical Lumbar

\_\_\_ Ultrasound

\_\_\_ Interferential E Stim

\_\_\_ Game Ready

\_\_\_ Kinesiotaping

\_\_\_ Brace/Support: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Tens Unit

\_\_\_ Orthotics

\_\_\_ Home Traction Cerv Lumb

**Manual Therapy**

\_\_\_ Dynamic Muscle Technique (DMT)

\_\_\_ Active Release Therapy (ART)

\_\_\_ Craniosacral Therapy

\_\_\_ Myofacial Release

\_\_\_ Deep Tissue Release

\_\_\_ Trigger Point Release

\_\_\_ Motion Assisted Muscle Release

\_\_\_ Soft Tissue Mobilization

\_\_\_ Integrated Progressive Mobilization (IPM)

\_\_\_ Spinal Manipulative Therapy

**Exercise/Fitness**

\_\_\_ Posture/Body Mechanics

\_\_\_ Stretching/Flexibility

\_\_\_ Passive ROM

\_\_\_ Active/Assistive ROM

\_\_\_ Balance/Stability Training

\_\_\_ Proprioceptive Exercise Training

\_\_\_ Core Strengthening

\_\_\_ Stabilization/Strengthening

\_\_\_ Home Exercise Program

\_\_\_ Progressive Fitness

\_\_\_ Return to Sports Rehab

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Physical Therapy & Sports Rehabilitation**

**Chiropractic Integrated Progressive Mobilization (IPM)**

**Massage Therapy**

Deep Tissue Sports Myofacial Craniosacral

**Dry Needling**

Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Services**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_