



PROGRESSIVE
THERAPY INC

Name _____ Date _____

Diagnosis _____

Date of Onset _____

Treatment Program

Evaluate and Treat as Needed

Signature **X** _____

Rehabilitation Services

- | | |
|--|--|
| <input type="checkbox"/> Hand Rehab | <input type="checkbox"/> FCE |
| <input type="checkbox"/> Back Care Workshop | <input type="checkbox"/> Impairment Rating |
| <input type="checkbox"/> ADL Eval and Training | <input type="checkbox"/> Work Hardening |
| <input type="checkbox"/> Splinting | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Other _____ | |
-

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Farmville, VA 23901
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Main Street
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434/983-6544
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104 W. Broad Street
Blackstone, VA 23824
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