



High Line Rehab

Jackson Heights location

34-57 82nd st,
Jackson Heights,
NY 11372; STE 1F

Elmhurst location

4011 Warren St,
Elmhurst,
NY 11373; 2nd Fl

(718) 540 - 4740

www.highlinerehab.com

Patient Name: Date:/../.....

Diagnosis:

Evaluate and Treat Frequency: 2x4 3x4 2x6 2x8 3x4

Other:

Intervention:

- | | | |
|--|---|---|
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Vestibular |
| <input type="checkbox"/> Stretching | <input type="checkbox"/> Heat/Cold Pack | <input type="checkbox"/> Pelvic Floor |
| <input type="checkbox"/> Strengthening | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Shockwave Therapy |
| <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Balance Training |
| <input type="checkbox"/> Mobilization | <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> ACL Prevention |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Lumbar/Cervical/Traction | <input type="checkbox"/> Sportsmetrics |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Pre/Post Operative Rehab |
| <input type="checkbox"/> Tecar Therapy | <input type="checkbox"/> Functional Training | |

Other Comments:

.....

.....

.....

.....

.....

.....

Referring Provider's Printed Name:

Referring Provider's Signature:

Referring Provider's NPI: