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www.elevateyourtherapy.com

Date: _____

Name: _____

Diagnosis: _____

Phone: _____

Special Information/Precautions:

Treatment Program

____ Evaluate and treat as appropriate

____ Evaluate and consult only

Frequency of rx: ____ per week for ____ weeks

Physician

PHYSICAL THERAPY SERVICES AVAILABLE

Orthopedic injury rehabilitation

Post-surgical physical therapy

Return to Work Program

Sports injury management
including:

- Returning-to-play
functional evaluation

Vertigo and Vestibular
Rehabilitation

Geriatric programs including

- Balance training and fall
prevention
- Osteoarthritis programs
- General Conditioning
- Osteoporosis exercise
program

Wellness Program

Weight Loss Program