



Optimum Care

PHYSICAL THERAPY
Where care matters

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Fatima Junaid, PT, DPT, MSPT, Cert DN, VRS

Attention patient: Please bring this document to your first appointment

Patient Name: _____

Date: _____

Diagnosis: _____

Primary Phone: _____ Work Phone: _____

Frequency and duration _____ times a week for _____ weeks

Prescription: Evaluate and Treat Home Instructions Only

Procedures

- Dry Needling
- PROM
- AAROM
- AROM
- Strengthening
- Manual Therapy
- Massage/ myofacial relief
- Gait Training
- TMJ Therapy
- Taping
- Other _____

Modalities

- Electrical Stimulation
- TENS
- Ultrasound
- Traction
- Iontophoresis
- Ice/Heat

Program

- Work conditioning
- Work Hardening
- FCE

Precautions (if any): _____

Referring Physician (Print Name): _____

Referring Physician(signature): _____ Phone: _____

Location:

Optimum Care Physical Therapy - Main Office
1670 Mckendree Church Road,
Suite 60
Lawrenceville, GA 30043

Insurance accepted :

We accept Medicare, Medicaid, Work Comp, MVA and all major insurances.

Please call for appointments and further information.