

El Paso Physical Therapy Services

SINCE 1985

PATIENT INFORMATION

EPPTS-NPI# 1821619115

Date: _____

Patient Name: _____

Patient DOB: _____

Patient Contact Number: _____

Diagnosis: ☐ Right ☐ Left _____

☐ Evaluate & Treat

- | | | |
|---|---|--|
| ☐ General Orthopedics | ☐ Total Joint Replacement Therapy | ☐ General Rehabilitation |
| ☐ Shoulder Rehabilitation | ☐ Sports Injuries/Prevention | ☐ Pediatrics (Musculoskeletal Condition) |
| ☐ Knee Rehabilitation | ☐ <i>Blood Flow Restriction-BFR</i> | ☐ TMJ Rehabilitation |
| ☐ Neck/Back Pain | ☐ <i>Dry Needling</i> | ☐ <i>Posture</i> Exercise Program |
| ☐ Foot & Ankle Rehabilitation | ☐ Geriatric Conditioning/Weakness | ☐ Osteoporosis Program |
| ☐ Hand Therapy | ☐ Fall Prevention/Balance | ☐ Work Conditioning Program |

Additional diagnosis and/or special instructions: _____

I Certify that Therapy is Medically Necessary:

Physician Name (Please print): _____ Office phone number: _____

Physician Signature: _____ Office fax number: _____

* EPPTS accepts patients ages 4 and older.

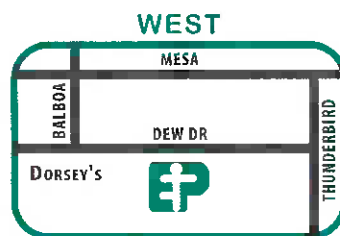
* Medicaid Plans - EPPTS accepts Medicaid as PRIMARY ONLY UNDER 21 years of age.

However, we accept Medicaid OVER 21 as SECONDARY ONLY with MEDICARE as a PRIMARY

* Worker's Compensation (Accept Most Texas and New Mexico Plans)



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SCHEDULING: call / text **915-800-3778** info@eppts.com