



Christopher M. Coulis, DC, MS

Alfred B. Furtado, DC

2415 Boston Post Road Unit 11
Guilford, CT 06437

ph (203) 453-2001
fax (203) 453-2010
Info@shorelinespineandpain.com

Patient Name: _____ Date: _____

Diagnosis: _____

Surgery Date (if applicable): _____

Precautions: _____

Other: _____

Frequency: _____ Duration: _____

Treatment:

_____ Evaluate/Rx

Modalities

- _____ Hot/Cold Rx
- _____ Ultrasound/Phonophoresis
- _____ Electrical Stimulation
- _____ Other: _____

Manual Therapy

- _____ Soft Tissue Mobilization
- _____ Articular Mobilization and/or Manipulation
- _____ Neural Mobilization
- _____ Intersegmental Traction
- _____ Cervical/Lumbar Traction
- _____ Other: _____

Exercise Program

- _____ Range of Motion
- _____ Strengthening/Stabilization
- _____ Gait Training
- _____ Postural Education
- _____ Sensorimotor Training
- _____ Home Exercise Program
- _____ Other: _____

Physician Signature: _____