



Southwest Sport & Spine Center, Inc.

"Powerful results to get you BACK into action." est. 2000



1181 Mall Drive, Suite A
Las Cruces, NM 88011
phone: 575-522-3316
fax: 575-522-4659

New Patient Line: 575-522-3391
New Patient Fax: 575-522-4659

2404 S Locust St., Suite 5
Las Cruces, NM 88001
phone: 575-521-4188
fax: 575-521-3668

1074 Country Club Rd.
Santa Teresa, NM 88008
New Mexico: 575-997-0137
El Paso Local: 915-581-5980
fax: 575-997-0167

Patients Name: _____ Date: _____
Parent/Guardian Name: _____
Home Phone: _____ Cell Number: _____
Diagnosis/Chief Complaint: _____ Lab/X-ray: _____
Precautions/Comments: _____
Insurance/Authorization Numbers: _____

PHYSICAL THERAPY

AQUATIC THERAPY

Evaluate & Treat _____ for _____ Times per Week, for _____ weeks

GOALS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Decreases Pain | <input type="checkbox"/> Promote Wound Healing | <input type="checkbox"/> Independent Home Program |
| <input type="checkbox"/> Improve Bio Mechanics | <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Improve Gait |
| <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Decrease Edema | <input type="checkbox"/> Improve Dexterity |
| <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Decrease Muscle Spasms |

Las Cruces Clinics

- Denise Campbell, PT, AT, Dip, MDT
- Ron Bybee, DPT, Dip, MDT
- Ryan Bybee, MPT, Cert. MDT
- Sabrina Skelton, MPT, Cert. MDT
- Ravelle Smoor, PT, Cert. MDT
- David Gallegos, ATC, Cert. MDT
- Elizabeth Espinoza-Melano, PT, Cert. MDT

Santa Teresa Clinic

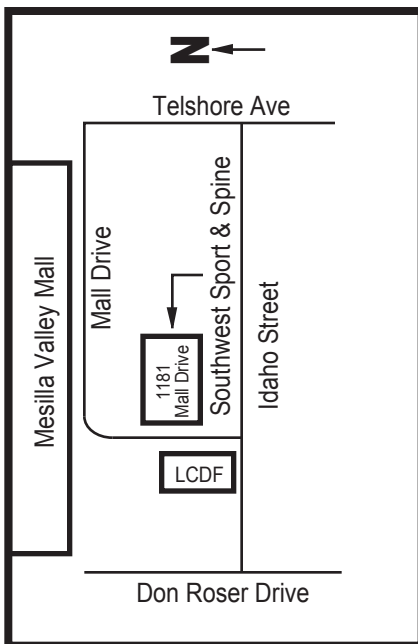
- Kerry MacDonald, MPT, Cert. MDT
- Maricela Monsivaiz, MPT, Cert. MDT
- Teresa M. Olivas, MPT, Cert. MDT

I certify that physical therapy services for the above named patient are/or were required: (a) On an outpatient basis, (b) under a plan established and reviewed within 30 days by me as the attending physician, (c) while the patient is or was under my care. Further, the written plan established is contained in the patient's record and prescribes the type, amount, and duration of the physical therapy sessions.

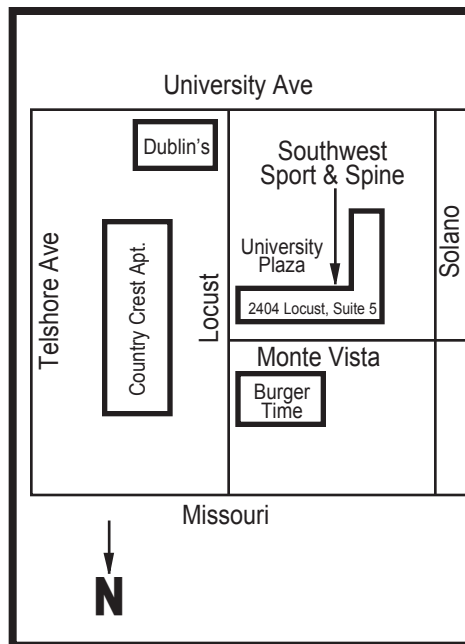
Physician's Signature: _____

SWSSC Locations

Las Cruces

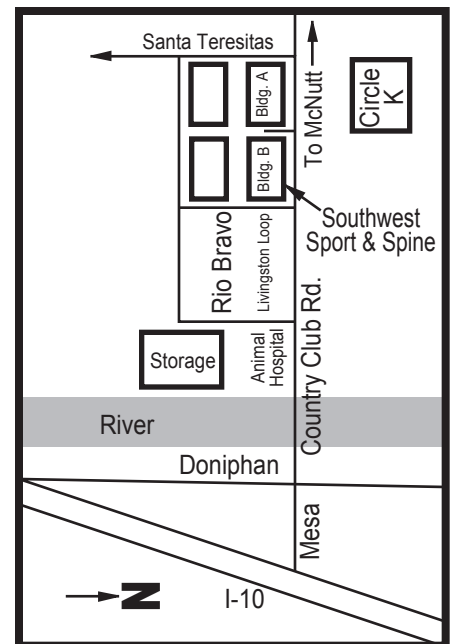


Mall Drive Facility



Locust Facility

Santa Teresa



Santa Teresa Facility