



157 Lewis Street • North Pole, Alaska 99705  
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Name: \_\_\_\_\_

Diagnosis: -----

Number of Visits: -----

**P.T. Evaluation and Treatment**

**Optional Specific Treatment**

Therapeutic Exercise	Mobilization	Manipulation
Home Exercise	Dry Needling	BPPV
Falls Assessment/Screening		

Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_