

Bebé PT



www.bebept.com

Patient Name: _____

Date: _____

Frequency: 2-3x/week for 6 weeks
 Other _____

Diagnosis:

- Low Back Pain (724.2)
- Sacroiliac Strain (846.1)
- Hip Strain (843.9)
- Neck Strain (723.4)
- Lumbar Strain (847.2)

- Abnormal Posture (781.92)
- Thoracic Strain (847.1)
- Rectus Diastasis (728.84)
- Incontinence (618.83)
- Carpal Tunnel Syndrome (354.0)
- Other: _____

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 * **Physical Therapy for a pain free** *
 * **pregnancy and a faster post-partum recovery** *
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 * • Pregnancy and Post-Partum related conditions *
 * • Pelvic Pain Syndrome *
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 * • Core Strengthening & Cardiovascular Conditioning *
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Treatment: (Circle)

- Lumbo-pelvic Stabilization
- Pelvic Floor Muscle Training
- Abdominal / Core Strengthening
- Post-surgical Strengthening/Scar Mobilization

- Postural Correction / Re-education
- TENS for Pain Management
- Massage Therapy
- Heat Application

Physician's Signature: _____ Date: _____ Comments: _____

Two locations:

West L.A./Santa Monica
 11901 Santa Monica Blvd, Suite 201
 Los Angeles, CA 90025
 310-479-BEBE (2323)
 310-479-2329 fax

Playa Vista
 (At Evolution Physical Therapy)
 11825 Major Street, Penthouse Suite
 Playa Vista, CA 90230
 (310) 915-6100; fax (310) 915-0100

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(310) 915-6100
www.evolution-pt.com

California Licensed Therapists
Participating Provider for Most Insurances
Lots of free parking available
Baby-friendly environment
Private Pilates and Massage services available

Please bring to first appointment:

1. This prescription
2. All pertinent insurance information
3. Driver's license

Please check bebept.com for maps and directions to both clinics