



# CUSTOM

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## PHYSICAL THERAPY

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RELIEVING PAIN, RESTORING FUNCTION

**André F. Meintjes**  
**M.P.T., C.F.E., Ph.D.**  
 Sparks Director

**Mark D. Bruesewitz**  
**P.T.**  
 South Reno Director

**André F. Meintjes**  
**M.P.T., C.F.E., Ph.D.**  
 NW Reno Director

**SPARKS**

1450 E. Prater Way  
 Suite 103  
 Sparks, NV 89434  
 T: 775.331.1199  
 F: 775.331.1180

Patient: \_\_\_\_\_

**Patient Daytime Phone:** \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week    Duration: \_\_\_\_\_ weeks

**FALL RISK ASSESSMENT**

**SOUTH RENO**

734 S Meadows Pkwy.  
 Suite 101  
 Reno, NV 89521  
 T: 775.853.9966  
 F: 775.853.9969

EVALUATE & TREAT

IS THERE ANY INFORMATION WE SHOULD KNOW?

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**NW RENO**

1610 Robb Drive  
 Suite D5  
 Reno, NV 89523  
 T: 775.746.9222  
 F: 775.746.9224

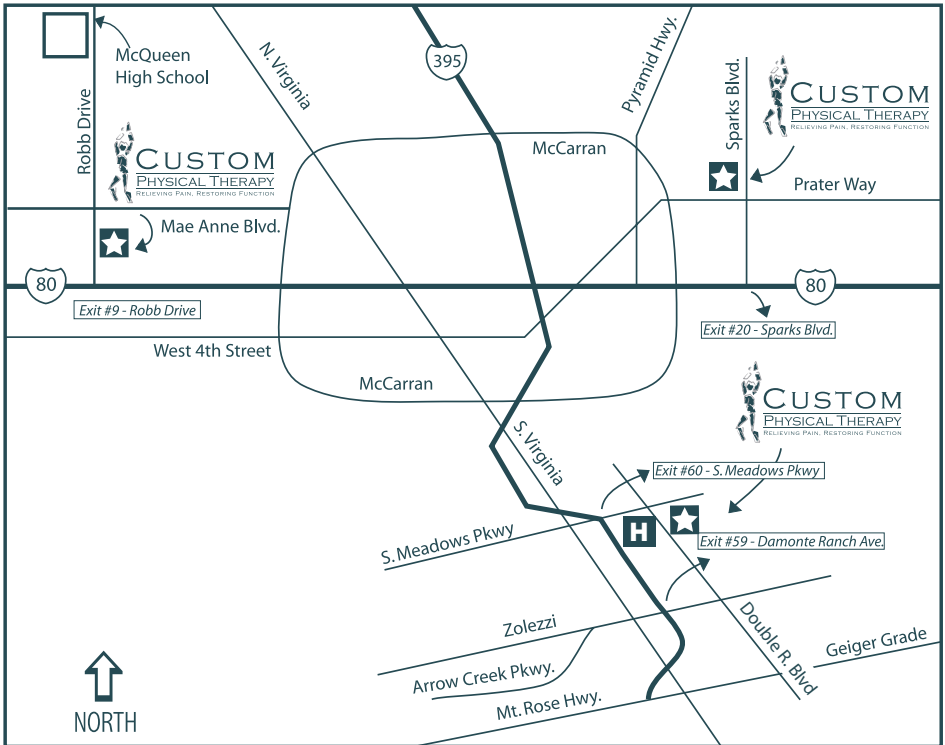
www.custom-pt.com

*The above plan of care is established and will be reviewed every 30 days. I certify the medical necessity of physical therapy.*

Physician's Signature: \_\_\_\_\_

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

[www.custom-pt.com](http://www.custom-pt.com)



### Just a Reminder

Please bring this referral slip with you on your first visit.

Please arrive 20 minutes before your scheduled appointment to complete any necessary paperwork.

Evaluations (1st visit) usually last 60 to 90 minutes.

### What to Wear

Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

### What to Bring (Insurance Forms)

Referral slip from your doctor.

Insurance Card

For worker's compensation claim, bring employer information number.