McAllen Physical Therapy, Inc.

A Certified McKenzie Center

Fortino Gonzalez, PT

Diplomate of The McKenzie Institute
Fellow of The Academy of Orthopedic Manual Physical
Therapist

Patient Name:		DOB:
Phone:	_ Appointment Date &Tim	ne:
☐ Evaluate and Treat as Indicated ☐ McKenzie Method Evaluation: ☐ Specified Program:	d:	
Diagnosis/Problem:		
Physician Signature:	D	Pate: