

Date: _____ Patient's Date of Birth: _____

Patient Name: _____ Phone: _____

Diagnosis: _____ ICD Code: _____

Precautions: _____

Date of Surgery: _____ Date of Injury: _____

Physical Therapy

- Evaluate and Treat
 - Balance Testing/Computerized Dynamic Posturagraphy
 - Gait Analysis
 - NMES (Neuromuscular Electrical Stimulation)
 - Bioness
 - Neuro Rehabilitation
 - Pelvic Control Evaluate and Treat
 - Vestibular/Balance Program
 - Other
 - _____
 - _____

Speech Therapy

- Evaluate and Treat
 - Cognitive Therapy
 - Voice Eval and Treat
 - *LSVT (Lee Silverman Voice Treatment) for Parkinsons
 - Other
 - _____
 - _____

Occupational Therapy

- Evaluate and Treat
 - ADL Training
 - Cognitive Retraining
 - Low Vision Rehabilitation
 - Modified CIMT (Constraint Induced Movement Therapy)
 - NMES (Neuromuscular Electrical Stimulation)
 - Bioness
 - Neuro Rehabilitation
 - Splinting
 - Visual/Perceptual Assessment
 - Wheelchair Evaluation
 - Other
 - _____
 - _____

Other Services

- Orthotics
- Neuropsychologist
- Prosthetics

Dysphagia Evaluation and Treatment

- Evaluate and Treat
 - Dysphagia Eval and Treat
 - FEES (Functional Endoscopic Evaluation of Swallowing)
 - NMES/Vital Stim
 - Videofluoroscopy Assessment
 - Other
 - _____
 - _____

Physician Services

- Physician Consultation
 - Neurology Consult
 - Physiatrist – PM&R Consult
 - Spasticity Management
- Electrodiagnostic Test (EMG)
 - Left Lower Extremity
 - Right Lower Extremity
 - Left Upper Extremity
 - Right Upper Extremity
 - Paraspinals

Physician's Name (*please print*) _____ Office Contact/MA/Nurse _____ Phone Number _____

Physician's Address _____ Fax Number _____

Referring Physician's Signature _____ Date _____ Prescription expires in 90 days