

TREATMENT REFERRAL

Name: _____ Member #: _____ Home Phone _____

Cell Phone: _____ Work Phone: _____ DOB _____

Initial Date: _____ Review Date: _____ ICD-9 Code _____

Diagnosis/Narrative Rx: _____

Physician: _____

Frequency: Daily 2x Week 3x Week Weekly As Needed

Duration: 1 Week 2 Weeks 3 Weeks 4 Weeks

EVALUATE AND TREAT

TREATMENT REFERRAL

- Exercise Program
- Gait Training
- Independent Exercise Instruction
- Joint Mobilization
- Range of Motion/Stretching
- Unloaded Exercise
- Custom Foot Orthotic/Orthopaedic Bracing
- Prophylactic Strapping
- Posture, Positioning, Body Mechanics
- Back School
- Injury Prevention/Education Program
- Vestibular Training
- Proprioceptive Re-Education

INDUSTRIAL REHABILITATION

- Functional Capacity Evaluation
- Work Capacity Evaluation
- Work Conditioning Program
- Progressive Isoinertial Evaluation
- Job Analysis

TREATMENT GOALS

- ▼ Pain ▲ Strength
- ▼ Spasm ▲ ROM
- ▼ Edema ▲ Healing
- ▲ Function ▲ Endurance
- ▼ Edema (ADL) Return to work

REHAB POTENTIAL

- Good Fair Poor

MODALITIES & PROCEDURES

- Ultrasound
- Electrical Stimulation
- Moist Heat/Cold Packs
- Whirlpool
- Massage/Soft Tissue Mobilization
- Game Ready
- TENS
- Contrast Bath
- Paraffin Bath
- Phonophoresis
- Iontophoresis
- Traction
- Intermittent Compression
- Biofeedback
- Anodyne
- Cold Laser

HAND REHABILITATION

- Splint Fabrication
 - Dynamic
 - Static
- Dexterity
- Desensitization
- Edema Control
- Flexor Tendon Program
- Extensor Tendon Program
- Sensibility Evaluation

Other _____

I certify that physical, occupational and/or speech therapy services for the above named patient are or were required:

- A. On an outpatient basis.
- B. Under a plan established and reviewed within 30 days by me as attending physician.
- C. While the patient is or was under my care.

Further, the written plan established is contained in the patient's record and prescribes the type, amount and duration of the therapy services.

Physician's Signature _____ M.D./D.D.S./D.P.M./D.O./D.C./CNP/PA Date _____

Physician's Phone # _____

For map & locations, see reverse side.



VibrantCare Rehabilitation Locations

1 2607 Wyoming Boulevard, N.E.
Albuquerque, NM 87112
505-296-9521 FAX 505-296-2200

4 2211 Main Street, Ste. C
Los Lunas, NM 87031
505-866-1677 FAX 505-866-1767

2 4824 McMahon Boulevard, N.W., Ste. 101
Albuquerque, NM 87114
505-897-3575 FAX 505-897-3726

5 201 Rio Communities Boulevard
Belen, NM 87002
505-861-2210 FAX 505-861-2168

3 3301 Coors Boulevard, N.W., Ste. K-2
Albuquerque, NM 87120
505-843-8700 FAX 505-843-9103

6 118 S. Iron
Deming, NM 88031
505-546-2649 FAX 505-546-2949