



Live Vibrantly.

TREATMENT REFERRAL

Name _____

Phone _____

Diagnosis _____

Medical Precautions _____

1 2 3 4 5 Times/Week _____ Weeks _____ As Needed

Social Work Services

EVALUATE AND TREAT

TREATMENT PRESCRIPTION

- Exercise Program
- Gait Training
- Isokinetic Evaluation
- Home Program
- Aquatic Therapy
- Isokinetic Exercise Program
- Joint Mobilization
- Range of Motion
- Activities of Daily Living
- Strengthening
- Prophylactic Strapping
- Posture, Positioning, Body Mechanics
- Back School

MODALITIES & PROCEDURES

- Ultrasound
- Electrical Stimulation
- Moist Heat/Cold Packs
- Whirlpool
- Massage
- Cryotherapy
- TENS
- Contrast Bath

MODALITIES *Continued*

- Phonophoresis
- Iontophoresis
- Traction
- Intermittent Compression

HAND REHABILITATION

- Splint Fabrication
 - Dynamic
 - Static
- Flexor Tendon Program
- Extensor Tendon Program
- Sensory Evaluation
- Hand Injury Prevention Program
- Active Range of Motion
- Passive Range of Motion
- Strengthening

INDUSTRIAL REHABILITATION

- Functional Capacity Evaluation
- Work Conditioning Program
- Ergonomic/Work Risk Job Site Assessment
- Work Risk Analysis
- Injury Prevention Program

Other _____

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature _____ Date _____

NPI# _____

For locations, see reverse side.