

PHYSICIAN REQUEST FOR THERAPY

Adult Program

- Physical Therapy
Occupational Therapy
Speech Therapy

Work Rehabilitation

- Functional Capacity Evaluation
Job Analysis

Pediatric Program

- Physical Therapy
Occupational Therapy
Speech Therapy

Client Name Client Number: DOB:

Diagnosis DX ICD-10 Code:

Precautions & Special Instructions:

- Physical Therapy Occupational Therapy Speech Therapy Job Analysis

EVALUATION: Evaluate and Treat Evaluate and Provide Recommendations
Functional Capacity Evaluation Other

- ROM/Joint mobilization Strengthening Gait/Balance Training Neuromuscular Re-ed. Myofascial/Soft tissue mgt. Aquatic Therapy Scar/Edema Management Casting Repairs, Supplies/Other:
ADL's /Functional Task Dexterity/Coordination Desensitization/Sensory Re-ed. Developmental Stimulation Sensory Integration Technology Training Electrical Stim / TENS Home Program
Cognitive Fluency Voice Oral Motor/Feeding/Swallowing Expressive Language Receptive Language Articulation/Phonological Process

SPLINTING: Right Left Bilateral Static Dynamic

Specify:

ADAPTIVE EQUIPMENT:

TREATMENT FREQUENCY/DURATION:

OT times per week / month for week (s) / month (s)
PT times per week / month for week (s) / month (s)
ST times per week / month for week (s) / month (s)
Other

Physician Signature Date

Physician Name (please print) TPI Number

Physician Phone Number: Fax Number: