MAXUM physical therapy
speech • hearing • occupational

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Patient Name: _____ Date: _____

Diagnosis / ICD-9 Code: _____

Precautions: _____

Recommended Frequency and Duration: _____ time(s) / week for _____ week(s) or _____ day(s)

	Yes	No		Yes	No
Does this patient require Psychological Services?	☐	☐	Does this patient require Social Services?	☐	☐
Does this patient require other Services not listed below?	☐	☐	Would this patient benefit from pool therapy?	☐	☐

If you answered yes to any of the above questions, please describe the need in as much detail as you can provide.

_____

_____

☐ PT Eval & Treat as necessary ☐ OT Eval & Treat as necessary ☐ ST Eval & Treat as necessary

PROGRAMS

☐ Cervical / TMJ ☐ Shoulder ☐ Hip / SI
☐ Thoracic / Rib ☐ Elbow ☐ Knee
☐ Lumbar ☐ Wrist/Hand ☐ Ankle / Foot
☐ Voice Training ☐ Accent Modification
☐ Other: _____

PROCEDURES

☐ Therapeutic Exercise
☐ Neuromuscular Re-education
☐ Vestibular / Balance Exercises
☐ Gait Training
☐ Sports / Dance Specific Rehabilitation
☐ Pediatric Rehab
☐ Work Hardening / Ergonomic Education
☐ Manual Therapy / Joint Mobilization
☐ Soft Tissue Mobilization / Myofacial Release
☐ Activities of Daily Living Training
☐ Assistive Device Fitting / Training
☐ Sensory Integration
☐ Other: _____

MODALITIES

☐ Ultrasound
☐ Phonophoresis
☐ Electrical Stimulation
☐ Biofeedback (EMG Pressure / Tactile)
☐ Iontophoresis
  ☐ Dexamethasone
  ☐ Lidocaine
  ☐ Other _____
☐ Paraffin Bath
☐ Hot Packs / Cold Packs
☐ Mechanical Traction
  ☐ Cervical
  ☐ Lumbar
  ☐ Other _____
☐ LASER / Infrared Treatment
☐ Biodex Balance Trainer
☐ Short Wave Diathermy
☐ Other: _____

I certify that I have examined the patient and that the service required above are necessary and will be furnished while the patient is under my care. This patient and the plan of care will be reviewed every thirty (30) days or as the patient's condition or the payor so requires.

Referring Physician (Printed): _____ **Signature:** _____

Phone: _____ - _____ **Fax:** _____ - _____

Please see reverse side for instructions & map