Reavis Rehab & Wellness Center

(512) 310-POOL (7665) • Fax (512) 310-9228

Prescription for Outpatient Therapy

Patient: _____ DOB:_____

Patient Phone No: _____

Physician Name (Printed):_____

Diagnosis:_____

Date Symptoms Began: _____

☐ PHYSICAL THERAPY EVALUATE & TREAT:

- Aquatic Therapy
- Balance / Fall Prevention
- Cardiovascular Cond.
- Dry Needling
- Elect. Stimulation
- Gait Training
- Home Exercise Program
- Ice / Heat
- Iontophoresis
- LSVT BIG Program
- Manual Therapy
- Myofacial Release
- Neuro Rehab
- Pain Management Ed.
- Posture Training
- Therapeutic Activities
- Therapeutic Exercise
- Traction
- Ultrasound
- Wheelchair Training

☐ SPEECH THERAPY EVALUATE & TREAT:

- Articulation
- Feeding Aversion
- Cognitive Therapy
- Dysphagia / Swallowing
- Pragmatic / Social Skills
- Dysarthria / Oral Motor
- Fluency / Stuttering
- Language
- LSVT LOUD Program

☐ OCCUPATIONAL THERAPY EVALUATE & TREAT:

- ADL's
- Aquatic Therapy
- Cognitive Therapy
- Feeding Aversion
- Fine Motor Skills
- Hand Therapy
- Handwriting
- Home Exercise Program
- LSVT BIG Program
- Lymphedema Mgmt
- Manual Therapy
- Modalities
- Myofacial Release
- Therapeutic Activities
- Therapeutic Exercise
- Sensory Processing
- Visual Motor Integration
- Upper Extremity Rehab

☐ IDEAL PROTEIN WEIGHT LOSS AND LIFESTYLE MANAGEMENT

SPECIAL INSTRUCTIONS/PRECAUTIONS:_____

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I hereby order the treatments above and certify that outpatient therapy is medically necessary.

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Physician's Signature and Date

Please print and fax to our office at 512-310-9228