



REHABEXCHANGE

HOME CARE THERAPY AND STAFFING SERVICES

TRUST OUR EXPERIENCE IN PAIN MANAGEMENT FOR YOUR PATIENTS

Home Care Therapy
Specializing In Physical and
Occupational Therapy for Seniors

Nursing Services
Provided thru Home Health
Agency Affiliates

Tel: 800-734-0793

Fax: 800-734-0794

PATIENT REFERRAL FOR HOME CARE THERAPY / NURSING SERVICES

Patients' Name _____

Phone _____

Treatment Diagnosis/ Problem _____

Date _____

EVALUATE & TREAT

PHYSICAL THERAPY

OCCUPATIONAL THERAPY

FREQUENCY

THERAPIST DISCRETION

OTHER FREQUENCY _____ A WEEK FOR _____ WEEKS

OTHER SERVICES REQUESTED (PROVIDED BY HOME HEALTH AGENCY AFFILIATE)

SKILLED NURSING HOME HEALTH AID

Skilled Therapies / Nursing / Other Instructions _____

OTHER SERVICES REQUESTED / INSTRUCTIONS

Pain Management

Fall Prevention / Balance Training

Therapeutic Exercises for Strengthening

Gait / Assistive Device Training

Transfer Training

Patient & Family Education

Establish Home Exercise Program

Range Of Motion

Back Strengthening / Lumbar Stabilization

Vestibular Rehab

Total Hip / Knee Replacement Protocols

Prosthetic Training

MODALITIES TO USE (SUBJECT TO PATIENT AREA AND AVAILABILITY)

Ultrasound H-Wave Electrical Stim ETPS Laser Anodyne Therapy Therapist Discretion

I deem these procedures to be medically necessary.

Signature _____

Physician's Signature

Physician's Printed Name