ONESOURCE SPORTS-NEURO REHAB

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To schedule an appointment, please call 678-257-4037

Therapy Prescription

Patient Name:_____ DOB:_____

Physician:_____ Follow up date:_____

Diagnosis:_____

Precautions:_____

Order: **Physical Therapy** **Occupational Therapy** **EMG/Nerve Conduction**

- ❑ Evaluate & Treat
- ❑ Frequency/Duration:
- ❑ Home Safety Evaluation
- ❑ Home Equipment/Modification Assessment and Training
- ❑ Transfer Training
- ❑ Community Training
- ❑ Manual Therapy / Joint Mob.
- ❑ Balance Training
- ❑ Orthotics Fit/Training
- ❑ Gait Training
- ❑ Self Care/Home Management
- ❑ Therapeutic Exercise
- ❑ Home Exercise Program
- ❑ Cognitive Training
- ❑ Neuromuscular Re-education
- ❑ Lumbar brace and fitting
- ❑ DME (Cane, Walker, other supplies)
- ❑ Small medical equipment (TENS, NMES & IFC).
- ❑ Osteopratic PT
- ❑ Spinal manipulation/Mobs
- ❑ Headache Management
- ❑ Vestibular/Concussion Therapy
- ❑ Dry Needling w/o Neurostimulation
- ❑ Nerve Conduction studies
- ❑ Electromyography

Other:

Goals:

❑ Improve ROM ❑ Improve Strength ❑ Improve Mobility ❑ Improve Function

Other:

_____ _____

Physician Signature Date

Physician, please fax this referral slip to 678-819-7536. THANK YOU!

❑ Check if more referral pads are needed.