

COMPREHENSIVE HAND & PHYSICAL THERAPY



LAKE WORTH LOCATION

3230 Lake Worth Rd., Suite C, Lake Worth, FL 33461
T. 561-968-7788 F. 561-968-9969

ROYAL PALM BEACH LOCATION

11947 Southern Blvd. Royal Palm Beach, FL 33411
T. 561-204-2213 F. 561-204-2218

JUPITER LOCATION

1232 W. Indiantown Rd., Unit 101 Jupiter, FL 33458
T. 561-575-4770 F. 561-575-4522

www.comprehensivehandandpt.com

Patient Name: _____ Phone: _____ Physician: _____

Diagnosis: _____ Date: _____

Frequency of Treatment: _____ Days a Week For _____ Weeks

PHYSICAL THERAPY

Evaluate & Treat

Area Treated:

- Cervical Thoracic Lumbar Hip
 Shoulder Leg Knee Ankle/Foot

Procedures:

- A/AAROM Home Program
 Passive ROM Vestibular/Balance Rehab
 Strengthening Sensory Re-Education/Desensitization
 Progressive Resistive BTE CYBEX
 Massage Neurological/CVA Rehab
 Edema Control Functional Capacity Eval
 Gait Training TMJ

OCCUPATIONAL / HAND THERAPY

Evaluate & Treat

Area Treated:

- Wrist Elbow MP PIP DIP Joints Shoulder
 Hand Forearm Thumb CMC MP IP

Procedures:

- A/AAROM Sensory Re-Education/Desensitization
 Passive ROM

Joint Mobilization

- Strengthening
 Progressive Resistive
 BTE CYBEX

Massage

- Edema Control
 ADL/Self-Care Training

Splinting:

- Static _____
 Dynamic _____
 Elastomer Mold _____

Modalities:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Whirlpool/Wound Care | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Fluidotherapy | <input type="checkbox"/> Biodex Balance System |
| <input type="checkbox"/> Paraffin | <input type="checkbox"/> Traction | <input type="checkbox"/> Contrast Baths | <input type="checkbox"/> Cold Laser |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Cervical | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Pelvic | <input type="checkbox"/> TENS | |

Comments: _____

I hereby certify these services above as medically necessary for the patient's plan of care.

Return Appointment: _____ Physician Signature: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



Three Convenient Locations in Lake Worth, Royal Palm Beach & Jupiter

www.comprehensivehandandpt.com

