CROSSROADS PHYSICAL THERAPY AND REHABILITATION

3536 Meridian Crossing Drive, Suite 240
Okemos, MI 48864
T: 517-347-2495 • F: 517-347-3540
www.crossroadspt.net

Individualized Attention, Excellent Care

Patient Name: ______________________________ Date: ______________

Diagnosis: ______________________________

Precautions: ______________________________

Frequency: ______________ per week **X** Duration: ______________ weeks

■ EVALUATE & TREAT

- ❑ **Therapeutic Exercise**
  - ❑ Passive ROM
  - ❑ Active ROM
  - ❑ Progressive Resistive Exercise
  - ❑ Proprioceptive
  - ❑ Stabilization
  - ❑ Posture/Body Mechanics
  - ❑ Gait Training
  - ❑ Balance Training
- ❑ **Modalities**
  - ❑ Moist Heat
  - ❑ Ice
  - ❑ Ultrasound
  - ❑ Phonophoresis
  - ❑ Iontophoresis
  - ❑ Electrical Stimulation
  - ❑ Paraffin
- ❑ **Manual Therapy**
- ❑ **Home Exercises**
- ❑ **Sports Specific Training**
- ❑ **Neuromuscular Re-Education**

GOALS OF TREATMENT

- ❑ Return To Work
- ❑ Restore Function
- ❑ Decrease Edema
- ❑ Improve Strength
- ❑ Improve Flexibility
- ❑ Improve ROM
- ❑ Decrease Pain
- ❑ Improve Gait

❑ OTHER ______________________________

____

SPECIAL INSTRUCTIONS: ______________________________

____

____

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.

Signature: ______________________________ Date: ______________

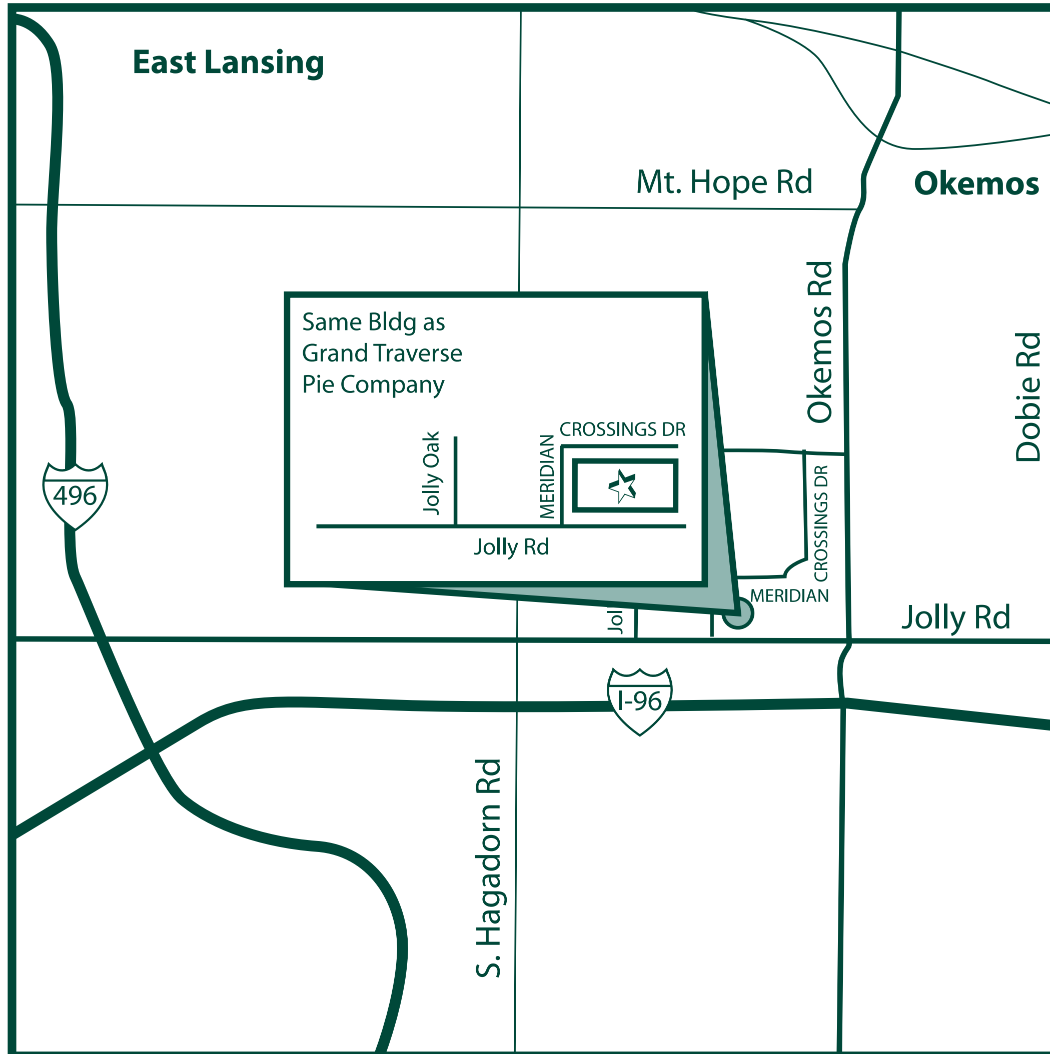
Office Phone: ______________________________

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.

CROSSROADS
PHYSICAL THERAPY
AND REHABILITATION

3536 Meridian Crossing Drive, Suite 240
Okemos, MI 48864
T: 517-347-2495 • F: 517-347-3540
www.crossroadspt.net

Individualized Attention, Excellent Care



Just a Reminder

Please bring this prescription/referral slip with you on your first visit.
Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.
Evaluations (1st visits) usually last 60 to 90 minutes.

What to Wear

Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

What to Bring (Insurance Forms)

Driver's License
Insurance Card
PPO/HMO information.
For worker's compensation claim, bring employer information number.