



Community Rehabilitation Services, PC

“Physical Therapy for Healthy Living”

ST. HELEN (Aquatic Therapy)
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HALE
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Hale, MI 48739
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Patient Name _____ Date _____

Diagnosis _____

Frequency _____ Duration _____

Precautions/Restrictions _____

PRESCRIPTION Form for Physical, Occupational & Speech Therapy

Physical Therapy

- Evaluate and Treat
- Aquatic Therapy
- Therapeutic Exercises
- Myofascial Release
- Joint Mobilization
- Soft Tissue Mobilization
- Neuro Re-education
- Therapeutic Massage
- Whirlpool
- Gait Training/Transfer Training
- Balance Training
- Orthotic/Prosthetic Training
- Mechanical/Manual Traction
- Electric Stimulation
- Ultrasound
- TENS
- Paraffin Bath
- Hot/Cold Pack
- Phonophoresis
- Iontophoresis
- Other _____

Occupational Therapy

- Evaluate and Treat
- Aquatic Therapy
- Therapeutic Exercises
- Energy Conservation
- ADL'S
- Job Site Analysis
- Other _____

Speech Therapy

- Evaluate and Treat
- Oral Motor Exercises
- Oral Range of Motion Exercises
- Other _____

SOCIAL SERVICES

- Evaluation

GOALS OF TREATMENT

- Increase Range of Motion
- Improve Functional Mobility
- Decrease Pain
- Increase Muscle Strength
- Improve Gait
- Decrease Swelling

I certify _____, recertify _____, that I have examined the patient and therapy is necessary and these services will be provided while the patient is under my care. The above plan of care is established and will be reviewed every 30 days. I estimate that these services will be needed for _____, and Rehabilitation potential is _____

Physician's Signature

Date