



HealthRite

Physical Therapy and Rehab Clinic, Inc

6300 Westpark, Ste 212 Houston, Texas 77057

713-339-2273 Phone 713- 339-1130 Fax

SCHEDULING IS EASY!!! FAX 713-339-1130 CALL FOR CONFIRMATION 713-339-2273

DATE: _____

PATIENT NAME: _____ D.O.B. _____

DIAGNOSIS: _____ ICD-9 CODES: _____

INSURANCE CARRIER: _____ D.O.I: _____

CLAIM #: _____ ADJUSTER NAME: _____

PHONE: _____ EXT. # _____

PRESCRIPTION PHYSICAL THERAPY

TREATMENT AREA (S):

- | | | |
|--------------------|-------------------|-----------------------|
| CERVICAL | LUMBAR | SHOULDER (R) (L) (BL) |
| KNEE (R) (L) (BL) | HAND (R) (L) (BL) | WRIST (R) (L) (BL) |
| ELBOW (R) (L) (BL) | FOOT (R) (L) (BL) | ANKLE (R) (L) (BL) |
| HIP (R) (L) (BL) | | |

FREQUENCY:

1 2 3 4 5 times a week

DURATION:

1 2 3 4 5 6 7 8 week (s)

- | | |
|--|--|
| <input type="checkbox"/> PHYSICAL THERAPY EVALUATION & TREATMENT | <input type="checkbox"/> WORK CONDITIONING PROGRAM
LEVEL I WR P LEVEL II WRP |
| <input type="checkbox"/> FUNCTIONAL CAPACITY EVALUATION | <input type="checkbox"/> WORK HARDENING PROGRAM |

MODALITIES & THERAPEUTIC PROCEDURE

- | | | |
|--|--|--|
| <input type="checkbox"/> HOT PACK /HYDROCOLLATOR | <input type="checkbox"/> MASSAGE | <input type="checkbox"/> PARAFFIN BATH |
| <input type="checkbox"/> ELECTRICAL STIMULATION | <input type="checkbox"/> FLUIDTHERAPY | <input type="checkbox"/> PHONOPHORESIS |
| <input type="checkbox"/> IONTOPHORESIS | <input type="checkbox"/> WHIRLPOOL | <input type="checkbox"/> ULTRASOUND |
| <input type="checkbox"/> THERAPEUTIC ACTIVITIES | <input type="checkbox"/> THERAPEUTIC PROCEDURES | <input type="checkbox"/> AQUATICS |
| <input type="checkbox"/> MYOFASCIAL RELEASE | <input type="checkbox"/> NEUROMUSCULAR REEDUCATION | |

PAIN MANAGEMENT

- | | |
|---|--|
| <input type="checkbox"/> MENTAL HEALTH EVALUATION | <input type="checkbox"/> CHRONIC PAIN MGT. PROGRAM |
|---|--|

PLEASE SPECIFY THE BODY AREA(S) _____

NAME: _____

PHONE #: _____ FAX #: _____

PHYSICIAN SIGNATURE: _____ DATE _____