



total rehab at home

physical, occupational, and speech therapy

HOME THERAPY PRESCRIPTION

Providing rehab to clients at home with Medicare Part B benefits

PATIENT'S NAME: _____

PATIENT'S ADDRESS: _____

PATIENT'S PHONE: _____

MEDICARE #: _____

SECONDARY INSURANCE: _____

SECONDARY POLICY #: _____

DIAGNOSIS

- | | |
|---|---|
| <input type="checkbox"/> Abnormality of Gait | <input type="checkbox"/> Lack of Coordination |
| <input type="checkbox"/> Generalized Weakness | <input type="checkbox"/> Deconditioning |
| <input type="checkbox"/> ADL Dysfunction | <input type="checkbox"/> Degenerative Joint Disease |
| <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Contractures |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> W / C Evaluation and Instruction |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Aphasia |
| | <input type="checkbox"/> Voice Disturbance |

COMMENTS: _____

EVALUATE & TREAT AS INDICATED

- | | |
|---|---|
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> ADL Training / Safety |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Wheel Chair Training |
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Proprioception | <input type="checkbox"/> Prosthetic Training |
| <input type="checkbox"/> Postural Training | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Therapeutic Activities | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cognitive Skills Development |

Physical Therapy Occupational Therapy Speech Therapy

_____ x week _____ x weeks

HEALTHCARE PROFESSIONAL'S NAME: _____

HEALTHCARE PROFESSIONAL'S PHONE: _____

Healthcare Professional's Signature

Date

PLEASE FAX TO: 410-392-2732

www.TotalRehabAtHome.com • 410-392-2731 • Fax: 410-392-2732