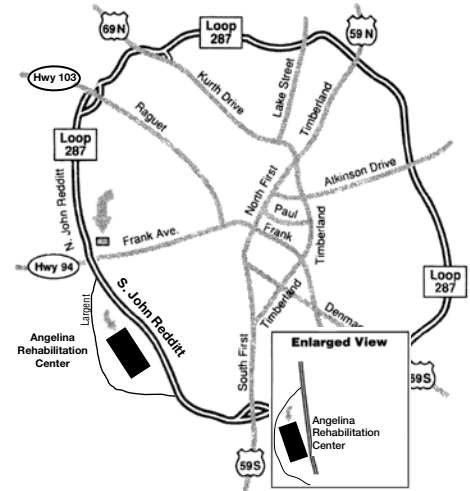




**Outpatient Unit**  
Phone: (936) 632-2107  
Fax: (936) 632-2108



Patient Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ ICD-10: \_\_\_\_\_  
 Frequency \_\_\_\_\_ x/week for \_\_\_\_\_ weeks. Date of Birth \_\_\_\_\_  
 Precautions \_\_\_\_\_

- Physical Therapy     Occupational Therapy     Speech Therapy

- MODALITIES**
- Moist Heat     Ultra Sound     Electric Stimulation     Anodyne Therapy     Contrast Bath     Whirlpool  
 Cryotherapy     TENS     Mechanical Traction     Paraffin Bath     Ionto-phonophoresis     Fluidotherapy

- Massage**
- Gait Training**
- Therapeutic Exercises**  
Strength / Endurance / ROM / Flexibility  
Sensory Re-Education / Desensitization
- Neuromuscular Re-education**  
Balance / Coordination / Kinesthetic  
Sense / Posture / Proprioception
- Manual Therapy Techniques**  
Mobilization / Manipulation / Manual  
Lymphatic Drainage / Manual Traction
- Self Care / Home Management  
Training / Patient Education**  
ADL / Compensatory Training / Meal  
Preparation / Safety Procedure /  
Instruct use of Adaptive Device / Back  
Schooling / Body Mechanics /  
Ergonomics / Joint Protection & Energy  
Conservation Techniques / Home  
Program / Scar Management
- Development of Cognitive Skills**  
Attention / Memory / Problem Solving
- Sensory Integrative Techniques**
- Community / Work Reintegration Training**  
Shopping / Transportation / Money  
Management / Vocational Activities / Work  
environment modification analysis / Work task  
analysis

- Wound Care**  
Debridement Sharp / Enzymatic
- Orthotic & Prosthetic Fitting and Training**  
Splint Fabrication / Orthosis Fitting and  
Training / Compression Garment

- INDUSTRIAL REHABILITATION**
- Functional Capacity Evaluation
  - Work Hardening / Conditioning
  - Job / Work Site Analysis
  - Impairment Rating

- SPEECH/LANGUAGE  
PATHOLOGY SERVICES**
- Speech / Language Exam / Test
  - Aphasia Exam / Treat
  - Swallowing Exam / Treat
  - Pediatric / Developmental Exam / Treat
  - Aural / Oral Communication / Treat

- Cardiac/Pulmonary Rehab

- Aquatic Therapy

Physician's Signature: \_\_\_\_\_

**SPECIFIC INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_