



NORMAN

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
HAND REHABILITATION

Date: _____

Name: _____

Diagnosis: _____

EVALUATE AND TREAT WITH THE FOLLOWING RECOMMENDATIONS:

MODALITIES

- Ultrasound: _____
- US/ES: _____
- Phonophoresis: _____
- Iontophoresis: _____
- Moist Heat: _____
- Electrical Stim.: _____
- Interferential: _____
- TENS: _____
- Paraffin: _____
- Fluidotherapy: _____
- Traction: Pelvic/Cervical: _____
- _____
- Cryotherapy: _____
- Massage: _____

THERAPEUTIC EXERCISE

- Passive: _____
- Active: _____
- Joint Mobilization: _____
- Resistive: _____
- BTE: _____
- Work Cond.: _____

GAIT TRAINING

- WB Status: _____
- Device: _____

1250 North Interstate Drive
Norman, OK 73072
T. (405)573-0121
F. (405)573-0124

HYDROTHERAPY

- Whirlpool: _____
- Sterile: _____
- Dressing: _____
- Debridement: _____

OTHER

- Jobst Fitting: _____
- Brace/Corset: _____
- Splinting: _____

PATIENT EDUCATION

- Back Care: _____
- Neck Care: _____
- Knee Care: _____
- Shoulder Care: _____
- Home Program: _____

Special Instructions:

Frequency: _____

Signature: _____

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.

JUST A REMINDER

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.

WHAT TO BRING (INSURANCE FORMS)...

Commercial insurance claim form or

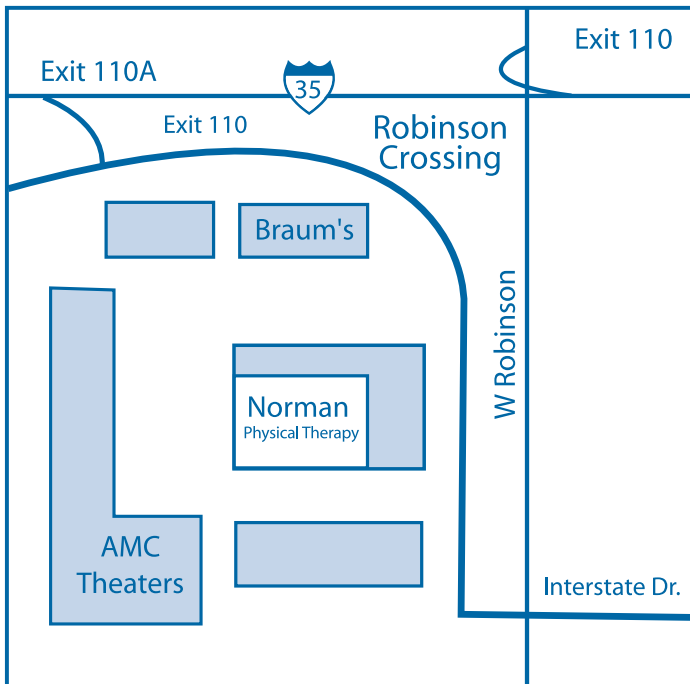
HMO referral slip or

Workers compensation employer information

WHAT TO WEAR...

Please wear comfortable clothing and sneakers.

Please bring shorts if we will be treating your leg(s).



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