

OCCUPATIONAL THERAPY HAND REHABILITATION

www.normanpt.com

☐ Jobst Fitting: ☐ Brace/Corset:	
OTHER Jobst Fitting: Brace/Corset: Splinting:	
PATIENT EDUCA □ Back Care: □ Neck Care: □ Knee Care: □ Shoulder Care: □ Home Program:	
Special Instructions	:

Date:

MODALITIES

- □ Ultrasound: _______□ US/ES: ______□ Phonophoresis: ______□ Iontophoresis: ______
- Moist Heat: _____

 Electrical Stim.: _____

 □ Interferential:
- □ Paraffin: ______
 □ Fluidotherapy: ______
- ☐ Traction: Pelvic/Cervical: _____
- ☐ Cryotherapy: _____
- ☐ Massage:_____

THERAPEUTIC EXERCISE

- Resistive: ______
- □ Work Cond.:____

GAIT TRAINING

- □ WB Status: _____
 □ Device: ____
- ☐ Fall Risk Assessment

1250 North Interstate Drive Norman, OK 73072

T. (405)573-0121 F. (405)573-0124



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.

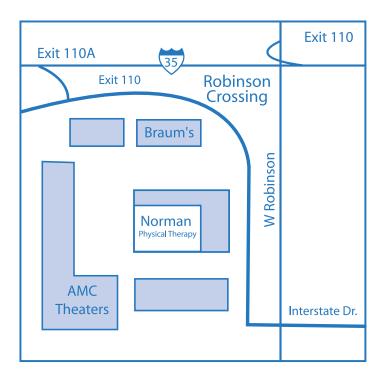
Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.

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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