George Regional Health System
Southeast Rehab & Wellness Center
Physical, Occupational & Speech Therapy
838 Mill Street, Suite A, Lucedale, MS 39452
Phone: (601) 947-9190 Fax: (601) 947-9180

Name: _____

DOB: _____ Date: _____

Primary Diagnosis: _____

Diagnosis code: _____

Frequency: _____

Duration: _____

◯ **PHYSICAL THERAPY**

- ◯ Evaluate and Treat
- ◯ Pediatric Therapy
- ◯ Aquatic Therapy
- ◯ Gait Training
- ◯ Wound Care
- ◯ Strengthening/PRE's
- ◯ TENS
- ◯ E-stim
- ◯ Short Wave Diathermy
- ◯ Ultrasound
- ◯ Total Joint Rehab: Knee/Ankle/Hip/Shoulder
- ◯ Traction: Lumbar/ Cervical
- ◯ Spine Rehab
- ◯ Vestibular/Balance Rehab
- ◯ Home Exercise Program
- ◯ FCE (Functional Capacity Eval.)
- ◯ ROM: Active/ Passive
- ◯ Posture/Body Mechanics
- ◯ Work Conditioning
- ◯ Exercises: Trunk/ Pelvis
- ◯ Soft Tissue Mobilization (Massage)
- ◯ Stroke Rehab
- ◯ Modalities of Choice: _____
- ◯ Other: _____

◯ **OCCUPATIONAL THERAPY**

- ◯ Evaluate and Treat
- ◯ Pediatric Therapy
- ◯ Aquatic Therapy
- ◯ ADLs
- ◯ Strengthening/PRE's
- ◯ Total Shoulder Rehab
- ◯ Paraffin
- ◯ Fluidotherapy
- ◯ Custom Wheelchair Evaluation
- ◯ Cognitive Retraining
- ◯ Home Exercise Program
- ◯ Sensory Processing/ Retraining
- ◯ ROM: Active Passive
- ◯ Hand Therapy: Elbow/ Wrist/ Hand
- ◯ Stroke Rehab
- ◯ Visual Perception
- ◯ Fine Motor Skills
- ◯ Exercises (Upper Extremity)
- ◯ Adaptive Equipment Training
- ◯ Work Conditioning
- ◯ Modalities of Choice: _____
- ◯ Other: _____

◯ **SPEECH THERAPY**

- ◯ Evaluate and Treat
- ◯ Pediatric Therapy
- ◯ Speech/Language Therapy
- ◯ Modified Barium Swallow
- ◯ Dysphagia Therapy
- ◯ Swallow Rehab
- ◯ Oral Motor/Feeding
- ◯ Voice Therapy
- ◯ Augmentative Alternative Communication Evaluation/Treatment
- ◯ Modalities of Choice: _____
- ◯ Other: _____

Contraindications/Precautions: _____

Comments: _____

_____

I certify that the above outpatient rehab services for this patient are required and medically necessary.

Physician: _____ **Date:** _____

Signature: _____ **Phone:** _____ **Fax:** _____

Please complete CMN Form for patients with Medicaid. Evaluation Report and Plan of Care will be faxed before treatment begins.