

Patient's Name: _____

Phone: _____ DOB: _____

Diagnosis: _____

ICD 10 Code (required): _____

Precautions: _____

Frequency / Duration: _____

Treatment Recommendations / Comments: _____

Provider Signature: _____

Print Provider's Name: _____

Date: _____

Phone: _____

Fax: _____

Patient's next appointment with provider: _____

**CHOOSE ALL THAT APPLY
AND SELECT TREATMENT
OPTIONS BELOW:**

Physical Therapy

Speech Therapy

Occupational Therapy

Total Joint Rehabilitation

Sports Medicine

Occupational Rehabilitation

Cardiac Rehabilitation

Pulmonary Rehabilitation

Rehabilitation Treatment Options

Specialty Services

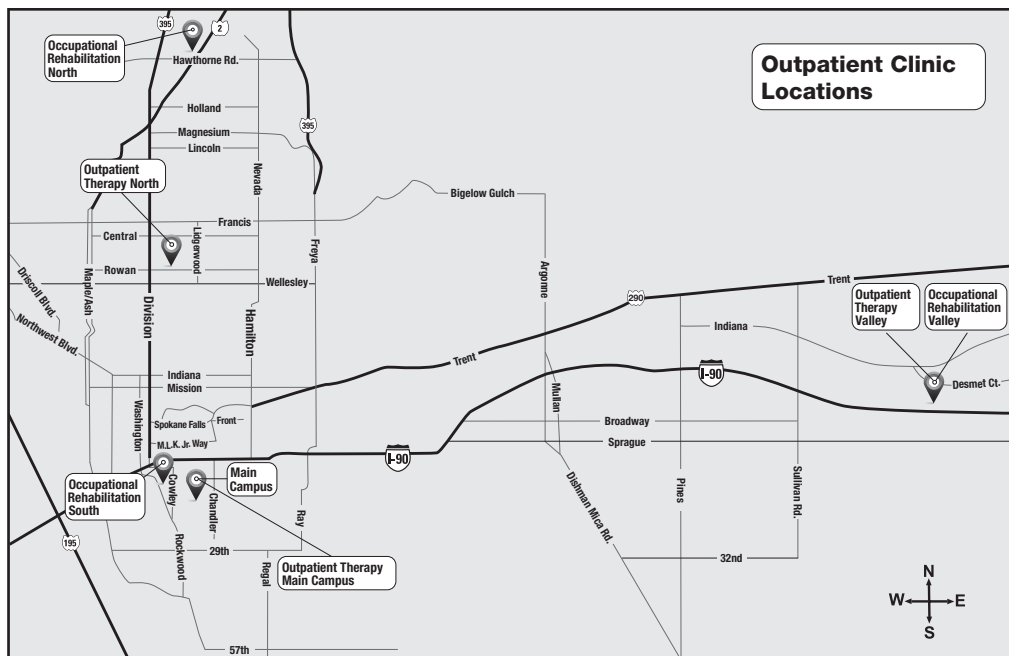
- Aquatic Therapy
- Balance and Fall Prevention
- Driver Evaluation
- Oncology
- Post Concussive
- Post Polio
- Neuromuscular Evaluations
- Neuropsychological Assessment
- Speech and Language
- Swallowing Evaluations
- Vestibular
- Lee Silverman Voice Treatment (LSVT)
- Pediatrics
- Other

Occupational Rehabilitation Services

- Ergonomic Evaluations
- Hand Therapy
- Physical / Functional Capacity Exam
- Work Conditioning¹
- Work Hardening¹
- Worksite Evaluations
- Activity Coaching (PGAP)²
- Other

Orthopedic Services

- Total Joint Replacement
- Sports Rehabilitation
- Elbow / Wrist
- Foot / Ankle
- Hip / Knee
- Joint Replacement
- Neck / Spine Management
- Osteoporosis
- Shoulder
- Other



St. Luke's Location Preference:

- _____ **Outpatient Therapy – Main Campus**
711 South Cowley St.
- _____ **Occupational Rehabilitation – South**
421 South Division St.
- _____ **Outpatient Therapy – North**
235 East Rowan Ave., Suite 210
- _____ **Occupational Rehabilitation – North**
551 East Hawthorne Rd.
- _____ **Outpatient Therapy – Valley**
Occupational Rehabilitation – Valley
16528 East Desmet Court, Suite 1600