



**DeKALB COMPREHENSIVE
PHYSICAL THERAPY**

6000 Hillandale Drive, Suite 145 | Lithonia, GA 30058
Tel 678.418.8072 | Fax 678.518.0137
www.dekalbcomppt.com

Patient Name: _____ Date of Birth: _____

Diagnosis/ICD10 Code: _____

Phone: _____ Insurer: _____

- PHYSICAL THERAPY OCCUPATIONAL THERAPY
- EVALUATE & TREAT

SPECIAL INSTRUCTIONS/ PRECAUTIONS: _____

THERAPEUTIC EXERCISE

- Passive ROM
- Active ROM
- Progressive Resistive Exercise
- Proprioceptive
- Stabilization
- Home Exercise

MODALITIES

- Ultrasound
- Iontophoresis
- Electrical Stimulation
- Other _____

MANUAL THERAPY

WORK CONDITIONING

GAIT TRAINING

SPORTS SPECIFIC TRAINING

NEUROMUSCULAR RE-ED

BALANCE TRAINING/FALL REDUCTION

WOMEN'S HEALTH

VESTIBULAR THERAPY

GOALS OF TREATMENT

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Return To Work | <input type="checkbox"/> Improve Strength | <input type="checkbox"/> Improve ROM | <input type="checkbox"/> Improve Gait |
| <input type="checkbox"/> Restore Function | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Improve Balance |
| <input type="checkbox"/> Decrease Edema | <input type="checkbox"/> Other _____ | | |

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of the services indicated.

Signature: _____ **Date:** _____

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.

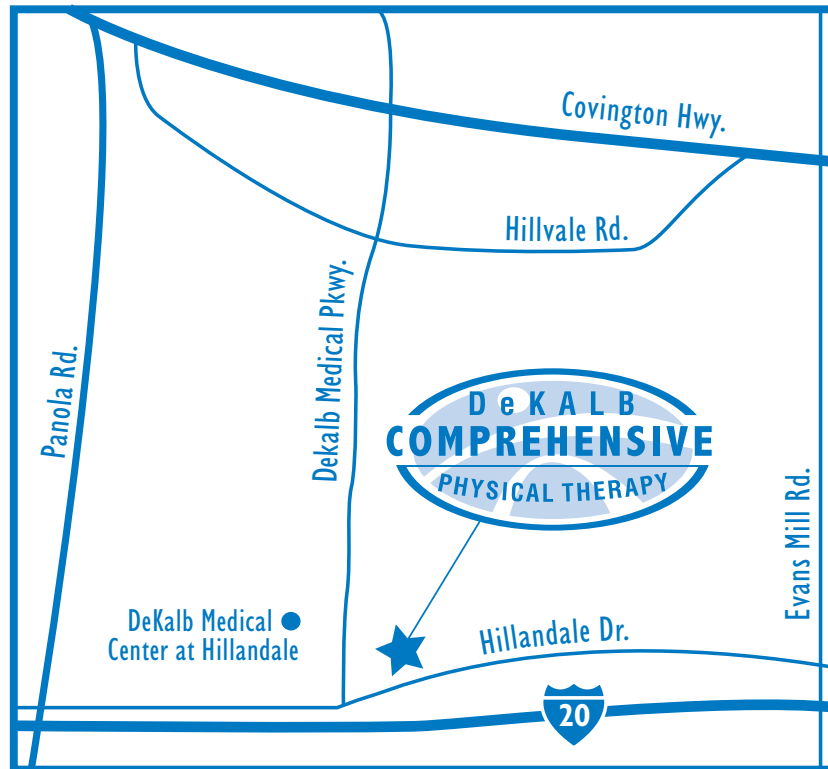


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★ DeKalb Comprehensive Physical Therapy is located on the corner of Hillandale Dr. and Dekalb Medical Pkwy. Parking is convenient and free.

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.
- Evaluations (1st visit) usually last 1 hour.

WHAT TO WEAR:

- Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

DeKalb Comprehensive Physical Therapy is featured on

PTandMe.com

*An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.*
