

At Home Therapy Services

827 28th St. S. Suite B
Fargo, ND 58103

To schedule an appointment, please call 701-293-7294

Therapy Prescription

Patient Name: _____ DOB: _____

Physician: _____ Follow up date: _____

Diagnosis: _____

Precautions: _____

Order: **Physical Therapy** **Occupational Therapy**

Evaluate & Treat Frequency/Duration: _____

Home Safety Evaluation Home Equipment / Modification Assessment and Training

Transfer Training Community Training Manual Therapy / Joint Mob.

Balance Training Orthotics Fit/Training Massage/Soft Tissue Work

Gait Training Self Care/Home Management Heat / Cold

Therapeutic Exercise Home Exercise Program US / E. Stim

Cognitive Training Neuromuscular Re-education Iontophoresis

Other:

Goals: Improve ROM Improve Strength Improve Mobility Improve Function

Other:

Physician Signature

Date

Physician, please fax this referral slip to 701-282-9738. THANK YOU!

Check if more referral pads are needed.