

## HMC Rehabilitation

A Division of Henry Medical Center, Inc.  
1133 Eagles Landing Parkway  
Stockbridge, GA 30281  
770-389-2287  
770-389-2513 FAX

## McDonough Physical Therapy

A Division of Henry Medical Center, Inc.  
101 Regency Park Drive Suite 100  
McDonough, GA 30253  
770-898-0063  
770-898-8347 FAX

### Rehabilitation Services Referral

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD9#: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Rehabilitation Services Referral

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Increase ROM            | <input type="checkbox"/> Decrease Pain               | <input type="checkbox"/> Increase Mobility     |
| <input type="checkbox"/> Increase Strength       | <input type="checkbox"/> Decrease Edema              | <input type="checkbox"/> Improve Function      |
| <input type="checkbox"/> <b>Physical Therapy</b> | <input type="checkbox"/> <b>Occupational Therapy</b> | <input type="checkbox"/> <b>Speech Therapy</b> |
| <input type="checkbox"/> Evaluate and Treat      | <input type="checkbox"/> Evaluate and Treat          | <input type="checkbox"/> Evaluate and Treat    |
| <input type="checkbox"/> Therapeutic Exercise    | <input type="checkbox"/> ADL Training                | <input type="checkbox"/> Swallowing Evaluation |
| <input type="checkbox"/> Pelvic Floor            | <input type="checkbox"/> Splinting/Bracing           | <input type="checkbox"/> Speech Evaluation     |
| <input type="checkbox"/> FCE                     | <input type="checkbox"/> Lymphedema                  | <input type="checkbox"/> Cognitive Training    |
| <input type="checkbox"/> Work Conditioning       |  |  |
| <input type="checkbox"/> Aquatic Therapy         |  |  |

#### Modalities:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Ultrasound     | <input type="checkbox"/> Iontophoresis    |
| <input type="checkbox"/> Traction               | <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Cryotherapy/Heat |
| <input type="checkbox"/> Other: _____           |   | <input type="checkbox"/> Home Tens Unit   |

Frequency \_\_\_\_\_ Visits per week for \_\_\_\_\_ Weeks

Continue Therapy as ordered

*I hereby certify that the above listed rehabilitation prescription is medically necessary for the treatment of this patient's diagnosis and condition.*

Physician's Signature: \_\_\_\_\_

UPIN #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rock Quarry Road



Hudson Bridge

Eagles Landing

Exit  
224

Jodeco Road

Exit  
222



75 North

McDonough Rd/ Jonesboro Road

Exit  
221

HWY 20/81

Exit  
218



Minor Emergency Care - McDonough  
*a division of Henry Medical Center*

Regency Park Dr.