



BFMC Center For Rehab & Wellness
 401 Palmetto Street
 New Smyrna Beach, FL 32168
 Phone (386) 424-5181 Fax (386) 424-5064
 Hours 8:00am - 4:30pm M-F (By Appointment Only)

Patient Name: _____ Date of Onset: _____

Diagnosis: _____ Diagnosis Code: _____

Reason for Therapy: _____

Medicare _____ Private Ins. _____ Self-Pay _____ BFMC Patient Assist. _____ WC _____

Authorization (if required): _____

_____ Physical Therapy _____ Occupational Therapy
 _____ Speech/Language Pathology Services

Area To Be Treated:

_____ Neck/Upper Back _____ Thoracic _____ LB _____ Whole Body
 _____ Shoulder _____ Elbow _____ Wrist _____ Hand
 _____ Hip _____ Knee _____ Ankle _____ Foot
 _____ Face

Specific Programs:

_____ Hand Therapy _____ Pre Op Hip _____ Stroke Rehab
 _____ Eval & Treat _____ Pre Op Knee _____ Cognitive Rehab
 _____ Fall Prevention & Balance _____ Isokinetic Eval/Ex _____ Speech & Language
 _____ Amputee Rehab _____ Aquatic Program _____ Mod. Barium Swallow
 _____ Vestibular _____ Osteoporosis _____ Wheelchair Eval (OT)
 _____ Back Program _____ Functional Mobility _____ Sports Rehab
 _____ ADL Training & Adaptive Equipment _____ Eval (OT) _____ Neuropathy Program
 _____ Stroke Support Group Recommended

Modalities & Procedures:

_____ Moist Heat _____ Edema Control
 _____ Ultrasound _____ Scar Management
 _____ Cryotherapy _____ Sensory Re-Education
 _____ E-Stim _____ Iontophoresis with _____
 _____ TENS Instruction _____ Gait Training/ReTraining
 _____ Traction ICT/IPT/ODT _____ Splint Fabrication
 _____ Paraffin _____ Static
 _____ Fluido Therapy _____ Dynamic
 _____ ROM/Strengthening _____ Static Progressive
 _____ Massage _____ Kinesiotaping
 _____ Neuromuscular Re-Education _____ Infrared/Anodyne
 _____ Other

Frequency: _____ Duration: _____

I certify the above treatment to be medically necessary.

Physician Signature: _____ Date: _____

Physician's Name (Please Print): _____ Phone # _____