

Patient: _____ Date: _____

Patient Phone No: _____

Physician Name (Printed): _____

Diagnosis: _____

Date Symptoms Began: _____

Frequency: 1 2 3 4 5 times a week for _____ weeks.

PHYSICAL THERAPY

EVALUATE & TREAT FOR:

Aquatic Therapy	Ice / Heat	Posture Training
Balance / Fall Prevention	Iontophoresis	Therapeutic Activities
Cardiovascular Cond.	LSVT BIG Program	Therapeutic Exercise
Elect. Stimulation	Manual Therapy	Traction
Gait Training	Myofacial Release	Ultrasound
Graston Technique	Neuro Rehab	Wheelchair Training
Home Exercise Program	Pain Management Ed.	Vestibular Rehab

SPEECH THERAPY

EVALUATE & TREAT FOR:

Articulation	Dysarthria / Oral Motor
Feeding Aversion	Fluency / Stuttering
Cognitive Therapy	Language
Dysphagia / Swallowing	LSVT LOUD Program
Pragmatic / Social Skills	Voice

OCCUPATIONAL THERAPY

EVALUATE & TREAT FOR:

ADL's	Home Exercise Program	Therapeutic Exercise
Cognitive Therapy	Manual Therapy	Sensory Processing
Fine Motor Skills	Modalities	Self Regulation
Hand Therapy	Myofacial Release	Visual Motor Integration
Handwriting	Therapeutic Activities	Upper Extremity Rehab

WELLNESS THERAPY

EVALUATE & TREAT FOR:

Ideal Protein Weight Loss	Non-vigorous Exercise Instruction
Therapeutic Diet Instruction	Other:

MENTAL HEALTH COUNSELING AND/OR SOC. VOC. COUNSELING

Special Instructions / Precautions: _____

I hereby order the treatments above and certify that outpatient therapy is medically indicated for the proper treatment of this patient.

 Physician's Signature

Call 512-310-7665 to schedule your evaluation appointment.

Please have the following information available:

- This call should take approximately 10-15 minutes.
- Primary-Insurance information i.e. insured name, DOB & Social Security Number.
- Secondary-Insurance information

New Patient Paperwork may be completed online or downloaded from www.ReavisRehab.com. You may fax completed forms to 512-310-9228 or bring the completed forms with you to your evaluation appointment. Your evaluation will last approximately 45-60 minutes.

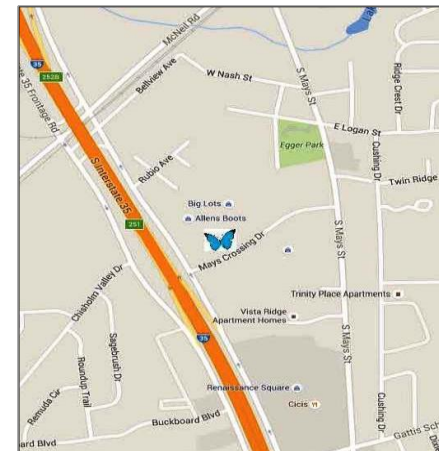
Please arrive 30 minutes before evaluation appointment.

Bring the following documents:

- Prescription
- Insurance cards
- Driver's License or ID card
- Personal calendar to schedule appointments

Wear something comfortable to exercise in (ideally a t-shirt with shorts or sweats)

Co-Pay and Deductible are due at time of service.



1201 S. IH-35, Ste. 105
May's Crossing Shopping Center
Behind Allen's Boots next to Big Lots
Round Rock, TX 78664

