



EcCare Health Centers

PHYSICAL THERAPY / OCCUPATIONAL THERAPY OUTPATIENT PRESCRIPTION

Date: _____

Patient Name: _____ Patient Phone #: _____

Patient Diagnosis: _____ Date of Injury/Surgery: _____

Specific Instructions/Precautions: _____

Treating Physician: _____ Phone #: _____

Facility Name: _____ Contact Person: _____

Preferred Contact Method: Fax # _____ Email _____

Therapy/Rehabilitation Services:

- | | |
|---|---|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Modalities |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Endurance, ROM & Flexibility |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Orthotic Fitting and Training |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Self Care/Home Management Training |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Physician Protocol _____ |

Industrial Rehabilitation:

- | | |
|---|---|
| <input type="checkbox"/> JPA: Return to Work Assessment | <input type="checkbox"/> JPA: Pre-Employment Assessment |
| <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Body Mechanics Training |
| <input type="checkbox"/> Work Hardening | <input type="checkbox"/> Ergonomics Analysis |
| <input type="checkbox"/> Work Conditioning | <input type="checkbox"/> Job Site Analysis |
| <input type="checkbox"/> Impairment Rating | <input type="checkbox"/> Other: _____ |

Pain Management:

- Chronic Pain Program

Counseling:

- Substance Abuse Counseling

Please FAX this prescription form along with patient demographics to 972-827-0195.
For questions or additional information call 972-659-1234.

Physician Name: _____ Physician Signature: _____

IRVING EMERGENCY CARE CENTER REHABILITATION

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Irving, TX 76051
972-659-1234 ph
972-827-0195 fax

DeSoto EcCare Health Center Rehabilitation

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DeSoto, TX 75115
972-283-0444 ph
972-283-4484 fax

