



70 Butler Street  
 Salem, NH 03079  
 TEL: (603) 681-3120  
 FAX: (603) 898-8361

## Request For Therapy Orders

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

Precautions/Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Services:**

PT       Hand Therapy/OT     Videonystagmography (VNG)     Women's Health OT/PT

Treatment Frequency: (Required)                      Treatment Duration: (Required)  
 Daily               2x/Wk     3x/Wk                       4 weeks     6 weeks     8 weeks     Other

PT/OT Treatment:                       Evaluate and Treat

<input type="checkbox"/> Anodyne Therapy	<input type="checkbox"/> Bioness Ness H2000	<input type="checkbox"/> Edema Control	<input type="checkbox"/> Splint _____
<input type="checkbox"/> Heat/Cold	<input type="checkbox"/> Joint Mobilization	<input type="checkbox"/> Traction	<input type="checkbox"/> Gait Training
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Fluidotherapy	<input type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Paraffin
<input type="checkbox"/> Electrical Stimulation	<input type="checkbox"/> Neuromuscular Re-education	<input type="checkbox"/> Manual Therapy	<input type="checkbox"/> Graston Tech OT / PT

Therapeutic Exercise (including Passive, Active Assisted, Active, Stabilization, Strengthening, Home Exercise Program)  
 Therapeutic Dynamic Activity  
 Phonophoresis  
 Iontophoresis

Clinics/Programs:     Orthotic & Prosthetic Clinic     Bladder/Bowel Continence Program     Vestibular Rehab/ Balance Program  
 Wheelchair/Seating Clinic     Driving Assessment Program               Pulmonary Rehab Program  
 Pelvic Floor Program

Audiology:               Audiological Evaluation     Assistive Listening Devices     Central Auditory Processing Disorders Evaluation  
 Hearing Aid Dispensing

Industrial Rehab:     Work Conditioning               Functional Capacity Assessments     Preplacement Screening

Low Vision Rehab:  Optical Aid Training               ADL Training                       Community/ Work  
 Home Safety Evaluation     Progressive Vision Exercise     Reintegration Training

Lymphedema Treatment Program     Complete Decongestive Therapy (CDT)     Compression Garment Fitting

Speech Therapy:     Speech-Apraxia/Dysarthria     Dysphagia                       Modified Barium Swallow  
 Cognitive -linguistic     Voice                               Language-Expressive/Receptive

Other: Driver Assessment and Training as needed

Referring Practitioner Print \_\_\_\_\_

Referring Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Please return to above fax number after signed and dated. Thank you!**