



**HealthRite**

*Physical & Occupational Therapy Rehab Clinic*  
6300 Westpark Ste 212 Houston, Texas 77057  
713-339-2273 Phone 713- 339-1130 Fax  
Info@healthriteclinic.com Email

Patient Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
ICD-10 Codes: \_\_\_\_\_  
Insurance \_\_\_\_\_ ID Number: \_\_\_\_\_

**EVALUATION&TREATMENT**

Physical Therapy

Occupational Therapy

**FREQUENCY OF TREATMENT**

**DURATION OF TREATMENT**

1 2 3 4 5 Visits/Week

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**TREATMENT AREAS**

- Cervical                       Thoracic                       Lumbar                       Sacrum
- Shoulder (R)(L) (BL)       Elbow(R)(L) (BL)       Wrist (R)(L) (BL)       Hand(R)(L) (BL)
- Hip (R)(L) (BL)               Knee(R)(L)(BL)               Ankle (R)(L)(BL)               Foot (R)(L)(BL)

**MODALITIES**

- Hot/Cold Pack       Ultrasound       Cold Laser       Electrical Stimulation
- Iontophoresis       Microcurrent       Paraffin Bath

**THERAPEUTIC PROCEDURE**

- Therapeutic Exercise               Therapeutic Activities               ADL Exercise
- Neuromuscular Education               Manual Therapy               Gait training
- Sensory Reeducation               Kinesio-Taping               Home Exercise Program
- Edema Management               Scar Management               Wound Care

**HAND THERAPY**

- PROM               AROM               AAROM               Nerve Gliding
- Splinting:  Custom Splinting               Pre-fabricated Splinting
- Static Splinting               Dynamic Splinting

**RETURN TO WORK PROGRAM**

- Functional Capacity Evaluation               Work Conditioning/Hardening Program
- Body Mechanic Training               Postural Awareness

**ASSESSMENT**

- Wheelchair Assessment               Home Modification Assessment

Special Instructions or Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: \_\_\_\_\_ NPI Number: \_\_\_\_\_