



# Hadley REHAB

## Prescription / Treatment Plan

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Type of Injury: WC \_\_\_\_\_ Auto \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

### DIAGNOSIS/ ICD-9 Codes:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_
- 5) \_\_\_\_\_ 6) \_\_\_\_\_

### q Evaluate and Treat

- q Manual Therapy
- q Therapeutic Exercise
- q Home Exercise Program
- q Neurological Rehab
- q Stabilization Program: \_\_\_ Lumbar \_\_\_ Cervical \_\_\_ Shoulder
- q Modalities: \_\_\_ TENS, \_\_\_ I.F., \_\_\_ Iontophoresis, \_\_\_ U.S.
- q Licensed Massage Therapy (One hour sessions)
- q General Body Conditioning
- q Aerobic Conditioning
- q Work Conditioning

Frequency & Duration: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks for \_\_\_\_\_ total treatments.

### Measurable Goals & Objectives:

- q Reduce Pain from \_\_\_\_\_ to \_\_\_\_\_ Lumbar \_\_\_\_\_ Thoracic \_\_\_\_\_ Cervical \_\_\_\_\_
- q Increase Range of Motion \_\_\_\_\_
- q Increase Strength \_\_\_\_\_
- q Improve Function \_\_\_\_\_
- q For details, please see report dated \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Begin date: \_\_\_\_\_ Projected Termination Date: \_\_\_\_\_

Estimated Cost: q Per Workers Compensation fee schedule q Other \$ \_\_\_\_\_

Referred by: (please print) Dr. \_\_\_\_\_ Ph: \_\_\_\_\_

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