Orthopaedic Rehab Specialists

877-202-2175
517-990-6221

ORSMI.COM

PATIENT INFORMATION

PATIENT NAME: _____

DOB: _____ **PATIENT PHONE #:** _____ **ALT #:** _____

PATIENT EMAIL: _____

DIAGNOSIS: _____

OCCUPATIONAL THERAPY

PHYSICIAN **OCCUPATIONAL THERAPY** RECOMMENDATIONS

ROBINSON RD. JACKSON- OCCUPATIONAL THERAPY

☐ **Occupational Therapy Evaluate and Treat:**

Days/Week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Duration: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Weeks

Specialty Therapies:

- ☐ Balance/Vestibular Training
- ☐ Parkinson's/BIG Program
- ☐ Fall Prevention
- ☐ Physical Activity/Conditioning for ADL/IADL Improvement

PHYSICIAN INFORMATION

_____ NPI

_____ **PHONE #**

_____ **PRINTED PHYSICIAN NAME**

_____ **PHYSICIAN SIGNATURE** **DATE**

IMPORTANT DETAILS:

- Plan for 1.5 hours for your first appointment.
- Bring a list of medications and any information regarding your condition.
- Bring or wear gym clothes and athletic shoes based on your treatment area.

Please fax this script to 517-990-6221 and bring to first appointment.

Call to schedule- clinic locations listed on back.