

Rehabilitation Center for Children and Adults

300 Royal Palm Way, Palm Beach FL 33480

(561) 655-7266 Fax (561) 655-3269 info@rcca.org

Patient's Name: _____ Daytime Phone: _____

Diagnosis: _____

Onset: _____

Duration: _____ Frequency: _____

Precautions: _____

____ Physical Therapy

____ Occupational Therapy

____ Speech-Language Therapy

____ Hotpack or coldpack

____ Mechanical traction

____ Electrical stimulation

____ Paraffin

____ Whirlpool

____ Fluidotherapy

____ Transcutaneous electric nerve stimulation

____ Iontophoresis

____ Phonophoresis

____ Contrast baths

____ Ultrasound

____ Therapeutic exercise or strengthening

____ Range of motion

____ Neuromuscular reeducation

____ Balance/Coordination

____ Neurodevelopmental treatment

____ Sensory Integration

____ BTE Workstation

____ Pilates

____ Aquatic exercise

____ Back rehabilitation

____ Balance system

____ Cardiac rehabilitation

____ Gait training

____ Massage

____ Manual therapy

____ Orthotic fitting & training

____ Splinting

____ Prosthetic training

____ Therapeutic activities for function

____ Self care/home training

____ Activities of daily living

____ Community/work training

____ Wheelchair management

____ Supplies

____ Cognitive retraining

____ Speech or language therapy

____ Swallowing or voice therapy

____ Other treatment modalities

Comments:

I certify the above is medically necessary: _____

UPIN#: _____

PHYSICIAN'S SIGNATURE & DATE