



# Beaufort Memorial HOSPITAL

## Rehabilitation Physicians Order

Beaufort Rehabilitation Services  
Rehab Scheduling: 843-522-5630  
Adult Rehab Fax: 843-522-5960  
Children Rehab Fax: 843-521-8359

Bluffton Rehabilitation Services  
To Schedule: 843-706-8660  
Fax: 843-706-8699

Physical Therapy       Occupational Therapy       Speech Therapy

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Physician: \_\_\_\_\_ Patient Phone # \_\_\_\_\_ Date: \_\_\_\_\_

Medical Diagnosis/ ICD-9 code: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Evaluation and Treat

- Neuromuscular Rehabilitation
- Therapeutic Exercise/Home Exercise Program
- Activities of Daily Living
- Gait Training
- Vestibular Rehab/Balance Retraining
- Joint Mobilization/Soft Tissue Mobilization
- Orthotic Intervention/Prosthetic Intervention
- Speech and Language Skills/Cognitive Rehab
- Sensory Integration/Developmental Stimulation

- Fine Motor/Gross Motor
- Developmental Screening
- Functional Capacity Evaluation
- Mechanical Traction
- Splinting
- Biofeedback
- Lymphedema
- Work Conditioning
- Visual Motor/Perception
- Modified Barium Swallow
- Adaptive Equipment Intervention
- Feeding/Swallowing/Dysphagia

Modalities

- Ultrasound/Phonophoresis
- Electrical Stimulation
- TENS
- Iontophoresis
- Fluidotherapy

Other: \_\_\_\_\_

Precautions / Instructions: \_\_\_\_\_

Treatment Frequency: \_\_\_\_\_ / week

Duration: \_\_\_\_\_ / week

*Physician certifies patient needing service is under his/her care and will review therapist reports in assessment of ongoing treatment requirement.*

Physician's Signature (required) \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

