APEX
Physical Rehabilitation & Wellness

apexrehab.com

Tel: 281-242-5252

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Apex Physical Rehabilitation & Wellness

- ☐ **Houston Galleria:** 2323 S Voss Rd., Suite 600, Houston, TX 77057
- ☐ **Katy:** 777 S Fry Rd., Suite 104, Katy, TX 77450
- ☐ **Sugarland / Missouri City:** 4614 Riverstone Blvd., Missouri City TX 77459

FAX PRESCRIPTIONS TO: 281-242-5256

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PRESCRIPTION FOR PHYSICAL THERAPY

Patient Name: _____ **Date:** _____
Contact #1: _____ **D.O.B.** _____
Treating Doctor: _____ **Office Phone:** _____
Diagnosis: _____ **ICD-10 Code:** _____
Progress Reports to Doctor: ☐ Monthly ☐ Weekly ☐ Other: _____

PHYSICAL THERAPY:

- ☐ **PT Evaluation Only**
- ☐ **PT Evaluation and Treatment**

Modalities:

- ☐ Cervical/Lumbar Traction
- ☐ GaitTraining
- ☐ Moist Heat/Cold Pack(s)
- ☐ Electrical Stimulation
- ☐ Neuromuscular Re-education/PNF
- ☐ Iontophoresis/Phonophorsis
- ☐ Ultrasound
- ☐ Manual Therapy
- ☐ Therapeutic Exercise
  - ☐ PROM ☐ AAROM
  - ☐ AROM ☐ PROM

OTHER SERVICES:

- ☐ Spinal Decompression Program
- ☐ Vestibular Rehab Therapy (VRT)
- ☐ Fall Risk Assessment and Prevention
- ☐ Balance Testing and Training
- ☐ Functional Capacity Evaluation (FCE/DAE)
- ☐ Work Conditioning/Work Hardening
- ☐ Protocol: _____
- ☐ Other: _____

MODE / IMPROVE: ☐ Function ☐ Mobility ☐ Strength ☐ ROM ☐ Flexibility ☐ Endurance ☐ Posture

Frequency: ☐ Therapist Discretion ☐ 5x week ☐ 3x week ☐ 2x week ☐ 1x week
Duration: ☐ 12 weeks ☐ 10 weeks ☐ 8 weeks ☐ 6 weeks ☐ 4 weeks ☐ 3 weeks ☐ 2 weeks

Statement of Medical Necessity:

I certify that the Rehabilitation procedures prescribed for this patient are medically and therapeutically necessary, and they require skills of a licensed Physical Therapist/ Respiratory Therapist, and Occupational Therapist.

Physician's Signature: _____ **Date:** _____