

McLaren Print System Order

Order No: 52445 Reprint Previous Order No: 15251
Order Date: 2020-02-07
User: shelby brandon
Phone: 810-342-2362

Ship Location: McLaren Flint 1 North Therapy Services Attention: Shelby Brandon
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 38110
Dept Name: McLaren Flint Outpatient Physical Therapy
Company Number: 60

Order Total Price: 0.00

Item Number: M-28045
Item Description: McLAREN CANCER REHAB RX Form
Revision Date: 1/2017
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
CANCER REHABILITATION PRESCRIPTION

Name: _____ Gender M/F DOB: _____
Diagnosis: _____ Precautions: _____
Frequency: 3x/week 2x/week 1x/week Other: _____ Duration: _____
Chemo: YES (current/past) / NO Radiation: YES (current/past) / NO Lymph nodes removed: YES/NO

SPEECH THERAPY - evaluate and treat:
 Communication/Language Evaluation
 Swallowing Evaluation
 Clinical Swallow Evaluation
 Videofluoroscopic Swallow Study
 Cognitive training
 Prehabilitation screen, evaluate, and treat
 Other: _____

PHOT - evaluate and treat:
 Prehabilitation screen, evaluate, and treat
 Exercise
 Neuro-muscular re-education
 Manual therapy
 Home instructions
 Postural/body mechanics
 Massage
 Splinting/bracing
 Scar management
 Complete decongestive therapy
 Decompression exercises
 Modalities PWB
 Other: _____

OCCUPATIONAL THERAPY - evaluate and treat:
 ADL functional assessment
 Prehabilitation Program
 Other: _____

PHYSICAL THERAPY - evaluate and treat:
 General therapy _____
 Pain: Floor
 Hold internal assessment until after _____
 Okay for internal assessment
 Osteoporosis therapy
 Balance/vestibular issues
 Prehabilitation Program

FOOT - LYMPHEDEMA THERAPY - evaluate and treat:
 Upper extremity
 Lower extremity
 Genital
 Head and Neck

Date of Surgery _____
Procedure _____
Other: _____

Physician Signature Date/Time _____

CANCER REHAB RX
FORM 0115



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