

McLaren Print System Order

Order No: 50905  
Order Date: 2019-12-09  
User: Jennifer Teeling  
Phone: 2483385343

Ship Location: McLaren Oakland Physical Therapy  
1 N. Perry  
Pontiac, Michigan 48342

Forms

Quantity: 500  
Paragon Dept No: 8437  
Dept Name: Physical Therapy  
Company Number: 310

Order Total Price: 19.25

Item Number: MO-405  
Item Description: Outpatient Cancer Scripts  
Revision Date: 7/2019  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: Padded (50 Sheets Per Pad)  
Drill: None  
Misc Info:

OAKLAND  
OUTPATIENT SCRIPT  
PT/OT/SLP Cancer Rehabilitation

Place patient demographic label here  
ENCLOSURE 1

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Cancer Diagnosis/Location: \_\_\_\_\_  
 Surgical Procedure: \_\_\_\_\_ Lymph Node(s) Removed: No Yes How many: \_\_\_\_\_

**Speech Language Pathology (Evaluate, Develop Plan of Care and Implement Care)**

Difficulty Swallowing  Difficulty with Speech Production  
 Trismus  Loss of Language (Word Finding, Comprehension)  
 Memory Loss/Cognitive Decline

**Physical & Occupational Therapy: (Evaluate, Develop Plan of Care and Implement Treatment)**

Cancer Related Pain (Location) \_\_\_\_\_  
 Breast Pain (Mastodynia) Right or Left \_\_\_\_\_  
 Loss of ROM (Circle Area): Arm / Leg / Neck / Other: \_\_\_\_\_  
 Shoulder Adhesive Capsulitis (Circle) Right or Left \_\_\_\_\_  
 Sore of Skin/Hypertrophic/Keloid \_\_\_\_\_  
 Lymphedema / Swelling (Circle Area) \_\_\_\_\_  
 Arm / Leg / Breast / Trunk / Abdomen / Face, Head, Neck / Genital \_\_\_\_\_  
 Cancer Related Fatigue  
 Chemo Induced Peripheral Neuropathy or Unspecified Peripheral Neuropathy  
 Abnormal Balance  
 Difficulty with ADLs  
 Weakness / Debility  
 Difficulty Walking/ Abnormalities of Gait  
 Pelvic pain (Women Only- Clarkston)  
 Incontinence (Women Only- Clarkston)

Comments/Precautions/Equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Frequency/Duration  
 \_\_\_\_\_ weeks  Schedule for 4 weeks  Schedule for 6 weeks  Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_  
 Physician Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Pontiac Clinic (PT / OT / SLP)  
P: (248)236-5344  
F: (248) 338-5302

Clarkston Clinic (PT Only)  
P: (248)922-6820  
F: (248) 922-6821

www.mclaren.com