

McLaren Print System Order

Order No: 57835
Order Date: 2020-10-23
User: Susan Hillger
Phone: 248-866-2048

Ship Location: McLaren PT (Susan Hillger)
G-3239 Beecher Rd
Flint , MI 48532

Forms

Quantity: 500
Paragon Dept No: 38260
Dept Name: McLaren Flint - NRI
Company Number: 60

Order Total Price: 32.40

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: Padded (25 Sheets Per Pad)
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: _____

PH/OT - evaluate and treat:
 Prehabilitation screen, evaluate, and treat
 Exercise
 Neuro-muscular re-education
 Manual therapy
 Home instructions
 Postural/body mechanics
 Massage
 Splinting/bracing
 Shoe 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: _____

Spec Info:

Physician Signature: _____ Date/Time: _____

CANCER REHAB RX
 600