

NEUROLOGIC REHABILITATION INSTITUTE PRESCRIPTION

G-3239 BEECHER ROAD, FLINT, MI 48532

Phone: (810) 342-4220 • Fax (810) 342-4436

Patient : _____ DOB: _____ Age: _____

Diagnosis: _____ Doctor: _____ Date: _____

PHYSICAL THERAPY
Evaluation and Treatment

Frequency/Duration: _____

Wheelchair Evaluation

- Therapeutic Exercise
- Gait Training
- Balance/Coordination Training
- Functional Activities
- Postural/Body Mechanics Instructions
- Wheelchair Management
- Computerized Balance Assessment
- Home Instructions
- Orthotic/Prosthetic Training
- Community Reintegration
- Joint Mobilization
- Other: _____

OCCUPATIONAL THERAPY
Evaluation and Treatment

Frequency/Duration: _____

- Strengthening/Flexibility
- Fine Motor Coordination
- Activities of Daily Living
- Self-Care/Home Management
- Visual/Perceptual Retraining
- Independent Community Mobility
- Community Re-entry
- Other: _____

SOCIAL WORK
Evaluation and Treatment

Frequency/Duration: _____

SPEECH THERAPY
Evaluation and Treatment

Frequency/Duration: _____

- Bedside Swallowing Evaluation**
- Diagnostic Voice Evaluation**
- Alternative/Augmentative Communication Eval & Treatment**
- Aphasia Treatment
- Higher Linguistic Integration Skills
- Right Hemisphere Communication Disorders
- Motor Speech Disorders
- Dysphagia
- Other: _____

RECREATIONAL THERAPY
Evaluation and Treatment

Frequency/Duration: _____

MODALITIES

- | | | |
|---|---|---|
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage/Soft Tissue Mobilization | <input type="checkbox"/> Paraffin |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> TENS | <input type="checkbox"/> Serial Casting |
| <input type="checkbox"/> Phonophoresis | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Contrast Bath |
| <input type="checkbox"/> Cold Pack | <input type="checkbox"/> Traction Weight _____ | <input type="checkbox"/> Moist Heat |

Other: _____

Noted Precautions If Any: _____

Physician's Signature: _____ Date: ____ / ____ / ____

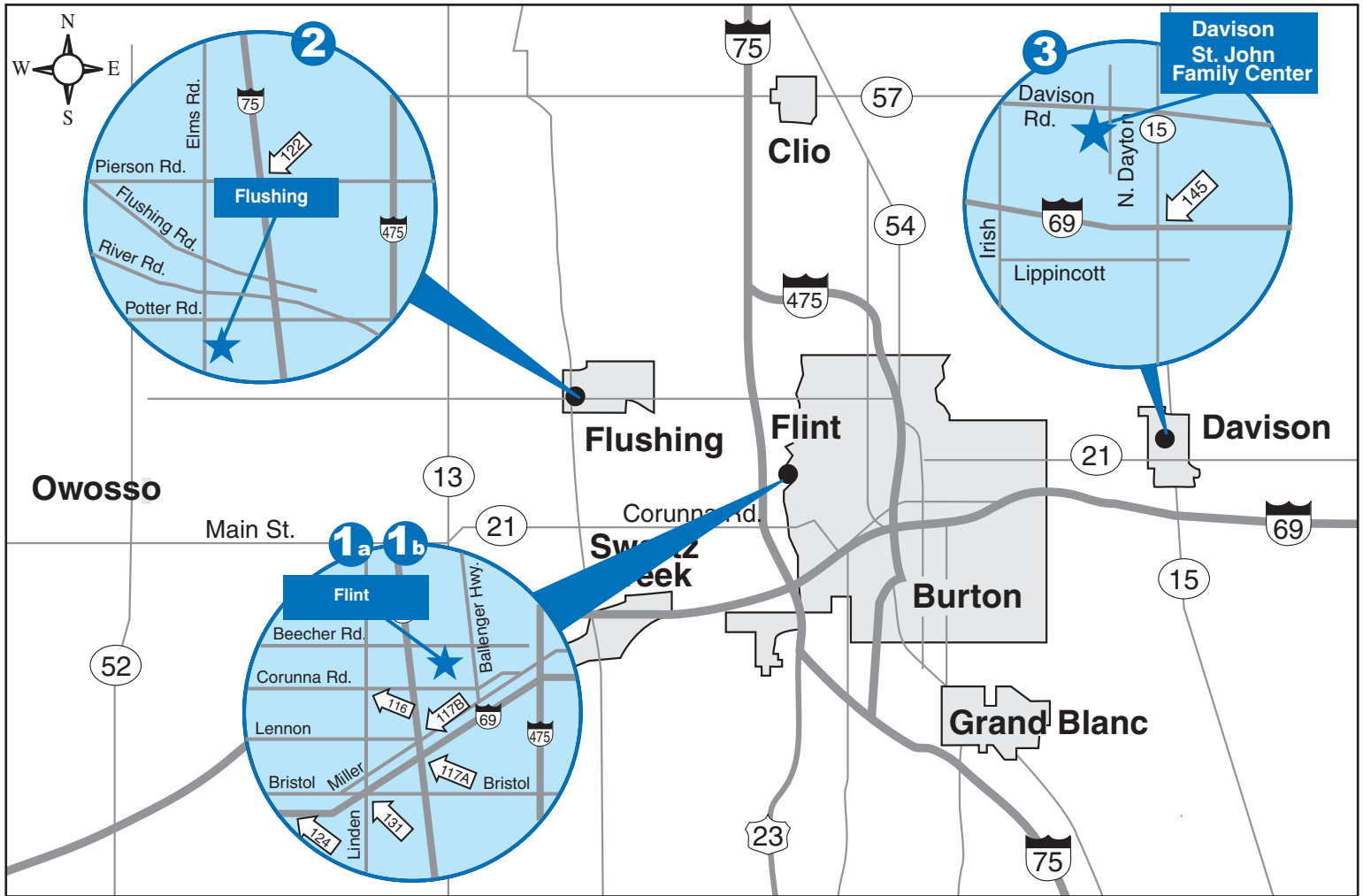


PT.

MR#/RM.

DR.

McLaren Flint Therapy Services



1a. Flint -

Physical Therapy, Sports Medicine and Balance Center
 G-3239 Beecher Rd., Flint, MI 48532
 Monday - Friday
 Phone: (810) 342-5350
 Fax: (810) 342-5362

1b. Neurologic Rehabilitation Institute

G-3239 Beecher Road, Flint, MI 48532
 Monday - Friday
 Phone: (810) 342-4220
 Fax: (810) 342-4436

2. Flushing -

Physical Therapy and Sports Medicine
 2500 N. Elms Rd., Flushing, MI 48433
 Monday - Friday
 Phone: (810) 342-5550
 Fax: (810) 342-5589

3. Davison -

Located at St. John Family Center
 Physical Therapy and Sports Medicine
 505 N. Dayton, Davison, MI 48423
 Monday - Friday
 Phone: (810) 658-5631
 Fax: (810) 658-7732