Valley Baptist Health System

Harlingen	**Brownsville**
❑ Outpatient	❑ Outpatient
2121 Pease St., Ste. 103	844 Central Blvd., Ste. 180
Harlingen, TX 78550	Brownsville, TX 78520
(956) 389-2323	(956) 698-5500
FAX (956) 389-2316	FAX (956) 698-5501
Office Hours: M-F 8-5	Office Hours: M-F 8-5

Patient's Name: ______________________________ DOB: __________ Phone: ________________

Diagnosis (Please write out diagnosis): ____

(Do not use Rule Out, Possible or Pre-op as diagnosis)

ICD-10 Code(s): ______________________________________ **Onset Date:** ________________

❑ EVALUATE & TREAT ❑ EVALUATE and MAKE RECOMMENDATIONS

❑ PHYSICAL THERAPY	❑ OCCUPATIONAL THERAPY	❑ SPEECH THERAPY
❑ Exercise ❑ Gait Training ❑ Vestibular Rehab ❑ Work Health ❑ TMJ Rehab ❑ Aquatics ❑ Manual Tx/ Joint Mob ❑ Kinesiotaping / RockTaping ❑ Sportsmetrics (Jump Training) ❑ Stroke Rehabilitation (NDT) ❑ Pain Management • MFR / STM • US / ES / TENS • Fluidotherapy • Anodyne Tx • Ionthophoresis • Phonophoresis	❑ Exercises ❑ Hand / Shoulder Rehab ❑ ADL ❑ Complete Decongestive Therapy (CDT) ❑ Splinting ❑ Functional Training ❑ Wheelchair Evaluation ❑ Fine/Gross Motor Coordination ❑ Manual Tx/ Joint Mobilization ❑ Kinesiotaping / RockTaping ❑ Stroke Rehabilitation ❑ Modalities • Paraffin Wax Bath • Fluidotherapy • US / ES / TENS • Iontophoresis • Phonophoresis	❑ Language • Receptive • Expressive • Cognitive • Others ❑ Swallowing • Dysphagia tx • Oral Motor/ Feeding • MBSS • DPNS ❑ Speech • Articulation • Fluency • Voice • LSVT

INSTRUCTIONS & SPECIFIC TREATMENTS: ____

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Frequency:
❑ Daily ❑ 1x/Week ❑ 2x/Week ❑ 3x/Week

Duration:
❑ 1 Week ❑ 2 Weeks ❑ 3 Weeks ❑ 4 Weeks
❑ Others ______________________________

AREA TO BE TREATED: ____

PRECAUTIONS: ❑ Activity Restriction ❑ DM ❑ Diet / Food Restriction ❑ Impaired Sensation
❑ Heart Condition ❑ Others: ____

____ ____________________

Physician's Signature Date / Time

OUTPATIENT REHAB PRESCRIPTION