□ Physical Therapy

□ Occupational Therapy Referral

Patient Information:

Patient Name:

DOB:

Phone #:

Insurance:
(Primary)

(Secondary)

Location of Therapy:

□ **Omni Rehab- Dunlap**
Phone: (423) 949-7899
Fax:(423) 949-3416

□ **Omni Rehab- Pikeville**
Phone: (423) 447-5360
Fax: (423) 447-3154

□ **Omni Rehab @ Bryan College- Dayton**
Phone: (423) 775-7101
Fax: (423) 775-7103

Diagnosis Code:		**Right**	**Left**
Difficulty Walking	□ R26.2		
Lack of Coordination	□ R27.9		
Unsteadiness	□ R26.81		
Repeated Falls	□ R29.6		
Muscle Weakness	□ M62.81		
Dizziness	□ R42		
Delayed Milestones	□ R62.0		
Autism	□ F84.0		
Fine Motor Delay	□ F82		
Sensory Processing	□ F88		
Vertebrogenic Low Back Pain	□ M54.51		
Neck Pain	□ M54.2		
Thoracic Pain	□ M54.6		
Back Pain with Sciatica		□ M54.41	□ M54.42
Muscle Atrophy- Shoulder		□ M62.511	□M62.512
Muscle Atrophy- Thigh		□ M62.551	□ M62.552
Muscle Atrophy- Lower Leg		□ M62.561	□ M62.562
Hemiparesis- Dominant		□ I69.251	□ I69.252
Hemiparesis- Non Dominant		□ I69.253	□ I69.254
Pain- Ankle/Foot		□ M25.571	□ M25.572
Pain- Knee		□ M25.561	□ M25.562
Pain- Hip/Pelvis/Thigh		□ M25.551	□ M25.552
Pain- Fingers		□ M79.644	□ M79.645
Pain- Hand		□ M79.641	□ M79.642
Pain- Wrist		□ M25.531	□ M25.532
Pain- Elbow		□ M25.521	□ M25.522
Pain- Upper Arm		□ M79.621	□ M79.622
Pain- Shoulder		□ M25.511	□ M25.512
Vertigo- BPPV		□ H81.11	□ H81.12
Concussion without loss of consciousness			□S06.0X0D
Concussion with unspecified loss of consciousness			□S06.0X9D
Other:			

Prescribed Treatment:

□ Evaluate & Treat	□ ADLs	□ Manual Techniques
□ Therapeutic Exercise (P/AA/AROM,PRE)	□ Gait Training	□ Aquatic Therapy (unable to preform land based therapy)
□ Therapeutic Activities	□ Ultrasound	□ Other_____
Frequency: 1 2 3 4 5 /week	Duration:_____weeks	□ At Therapist's Discretion

Physician Print:_____ Physician Phone:_____

Physician Signature:_____ Date:_____

I cerftify the above marked therapy and/or rehabilitation service is medically necessary.