



## REFERRAL FOR HAND THERAPY

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Frequency: 1 2 3 4 5 x per week Duration: 1 2 3 4 6 weeks

### PRIMARY EMPHASIS OF TREATMENT

- Evaluate and treat
- Evaluation only
  - sensory
  - manual muscle test
- Remobilization
- Wound Care
- Desensitization
- Strengthening
- Pain Control
- Scar Management
- Fall Risk Assessment
- Other

### SPECIFIC MODALITIES

- Per Therapist's Discretion
- Heat / Ice
- TENS
- Iontophoresis
- Ultrasound
- Whirlpool
- Paraffin
- Other

### SPECIFIC PROCEDURES

- Active ROM
- Active Assisted ROM
- Passive ROM
- Resistive ROM
- Active Use
- Dystrophile Program
- Other

### CUSTOM / PRE-FAB ORTHOSES

#### ELBOW

- Hinged Elbow
- Long Arm
- Muenster
- Sugar Tong
- Biceps

#### WRIST

- Gauntlet
- Neutral/Cock-up
- Thumb Spica
- Dynamic F/E
- Dynamic Forearm

#### HAND

- Duran / Kleinert
- Finger Tip
- Short Opponens
- Figure 8
- Forearm Based Fx
- Hand Based Fx
- Joint Jack
- Finger Ext.
- Dynamic F/E

Specify other: \_\_\_\_\_

I hereby certify that a licensed physical/occupational therapist may perform evaluations, modalities and procedures that are medically necessary for treatment of this patient's diagnosis and condition.

Print Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hard-copy that may be faxed, mailed or hand delivered to the clinic.



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[www.movementptwa.com](http://www.movementptwa.com)

**Snohomish Physical Therapy  
& Hand Therapy**

1830 Bickford Avenue, Suite 209  
Snohomish, WA 98290  
Tel 360.568.7774 Fax 360.568.7779

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IMMEDIATE APPOINTMENTS 24-48 HRS

PERSONALIZED TREATMENT PLANS • MOST INSURANCES ACCEPTED

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**JUST A REMINDER**

- Please bring this referral with you on your first visit
- Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork

**WHAT TO WEAR**

- Please bring comfortable clothing and wear short sleeves.

**WHAT TO BRING**

- Referral from your doctor
- Photo ID
- Insurance card
- For worker's injuries/L&I, please bring claim form



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