



DESERT HAND AND PHYSICAL THERAPY

NEW PATIENT SCHEDULING LINE AND FAX

Tel: 602-231-8511 Fax: 602-279-6934

Patient Name: _____ Date: _____
 Patient Phone: (H) _____ (W) _____ (C) _____ DOB: _____
 Diagnosis: _____ ICD Code: _____
 Instructions/Precautions: _____

REFERRAL FOR PHYSICAL OR OCCUPATIONAL THERAPY

FREQUENCY: _____ PER WEEK FOR _____ WEEKS

EVALUATE & TREAT **CONTINUE THERAPY** **PROVIDE HOME PROGRAM**

AREA TREATED

Cervical Elbow Wrist Thoracic Leg Knee
 Shoulder Forearm Hand Lumbar Hip Ankle/Foot

PRIMARY EMPHASIS OF TREATMENT

Evaluation Only Wound Care Edema Control Post Surgical
 Sensory Desensitization Scar Management Other _____
 Manual Muscle Test Strengthening TMJ (Chandler) _____
 Remobilization Pain Control Vestibular (Arcadia) _____

SPECIFIC PROCEDURES

Active ROM Passive ROM Active Use Other: _____
 Active Assisted ROM Resistive ROM Dystrophile Program _____

MODALITIES

Heat / Ice Ultrasound Paraffin Other: _____
 TENS Phonophoresis Cervical Traction _____
 Iontophoresis Whirlpool Electrical Stimulation _____

CUSTOM / PRE-FAB SPLINT (HAND THERAPY)

ELBOW	WRIST	HAND	
<input type="checkbox"/> Hinged Elbow	<input type="checkbox"/> Gauntlet	<input type="checkbox"/> Duran / Kleinert	<input type="checkbox"/> Hand Based Fx
<input type="checkbox"/> Long Arm	<input type="checkbox"/> Neutral/Cock-up	<input type="checkbox"/> Finger Tip	<input type="checkbox"/> Joint Jack
<input type="checkbox"/> Muenster	<input type="checkbox"/> Thumb Spica	<input type="checkbox"/> Short Opponens	<input type="checkbox"/> Finger Ext.
<input type="checkbox"/> Sugar Tong	<input type="checkbox"/> Dynamic F/E	<input type="checkbox"/> Figure 8	<input type="checkbox"/> Dynamic F/E
<input type="checkbox"/> Biceps	<input type="checkbox"/> Dynamic Forearm	<input type="checkbox"/> Forearm Based Fx	

Special Instructions: _____

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.

UPIN #: _____ Physician Signature: _____ Physician Name (Please Print) _____



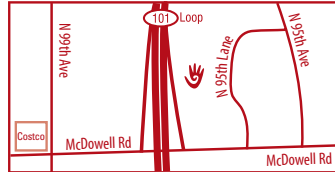
DESERT HAND AND PHYSICAL THERAPY

ARCADIA



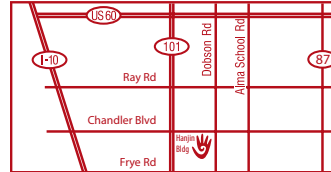
**Physical Therapy &
Hand Therapy**
3104 E Indian School Rd
Suite 200A
Phoenix, AZ 85016
Phone: (602) 955-2302
Fax: (602) 955-2691

AVONDALE



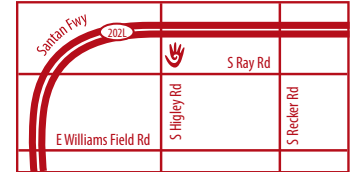
**Physical Therapy &
Hand Therapy**
1860 North 95th Lane
Suite 105
Phoenix, AZ 85037
Phone: (623) 907-0828
Fax: (623) 907-3058

CHANDLER



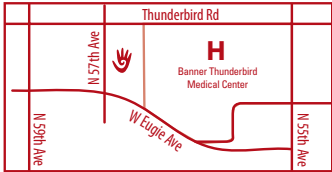
**Physical Therapy &
Hand Therapy**
2195 W. Chandler Blvd.
Suite 180
Chandler, AZ 85224
Phone: (480) 963-9339
Fax: (480) 963-4098

GILBERT



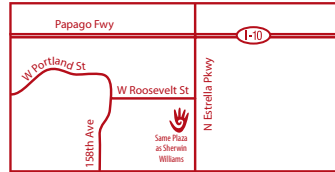
Hand Therapy
1489 S. Higley Rd
Bldg 1, Suite 103
Gilbert, AZ 85296
Phone: (480) 750-1974
Fax: (480) 361-6668

GLENDALE



Hand Therapy
5757 W. Thunderbird
Suite E-465
Glendale, AZ 85306
Phone: (602) 843-9945
Fax: (602) 843-8775

GOODYEAR



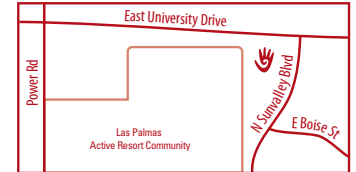
Hand Therapy
790 N. Estrella Parkway
Suite C
Goodyear, AZ 85338
Phone: (602) 765-4348
Fax: (623) 233-6567

LAVEEN



Hand Therapy
5030 W. Baseline Rd.
Suite A-135
Laveen, AZ 85339
Phone: (602) 264-6068
Fax: (602) 975-6537

MESA EAST



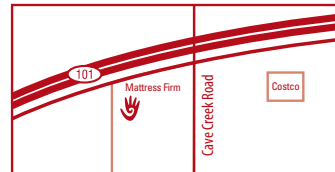
Hand Therapy
7165 E University Dr
Bldg. 11, Suite 143
Mesa AZ 85207
Phone: (480) 218-9973
Fax: (480) 218-9976

PEORIA NORTH



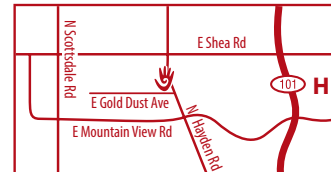
Hand Therapy
10184 W. Happy Valley Rd.
Suite 190
Peoria, AZ 85383
Phone: (623) 907-2820
Fax: (623) 207-1207

PHOENIX NORTH



Hand Therapy
20330 N. Cave Creek Rd.
Suite A-150
Phoenix, AZ 85024
Phone: (602) 765-4338
Fax: (602) 765-4761

SCOTTSDALE



Hand Therapy
10304 N. Hayden Rd.
Suite 115
Scottsdale, AZ 85258
Phone: (480) 429-5266
Fax: (480) 660-5971

SURPRISE



Hand Therapy
14239 West Bell Rd.
Suite 110
Surprise, AZ 85374
Phone: (623) 544-1631
Fax: (623) 975-6144

New Patient Scheduling:

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www.deserthandandpt.com