



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 Desensitization TMJ (Chandler) Post Surgical
 Sensory Strengthening Vestibular (Indian School, Other _____
 Manual Muscle Test Pain Control Clarendon, and Chandler)
 Remobilization Edema Control Functional Capacity
 Wound Care Scar Management Evaluations - FCE (Estrella)

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) _____

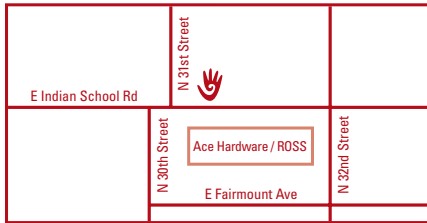


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New Patient Scheduling

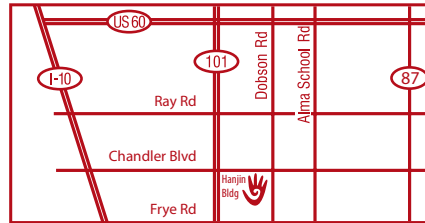
Tel: 602-231-8511 Fax: 602-279-6934

ARCADIA



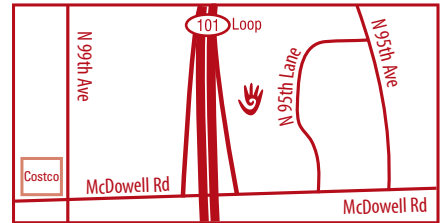
Physical Therapy & Hand Therapy
3104 E Indian School Rd, Suite 200A
Phoenix, AZ 85016
Phone: (602) 955-2302
Fax: (602) 955-2691

CHANDLER



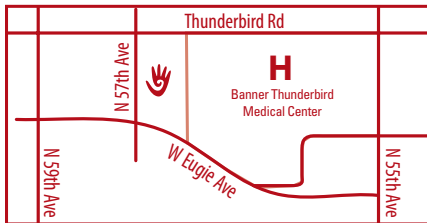
Physical Therapy & Hand Therapy
2195 W. Chandler Blvd, Suite 180
Chandler, AZ 85224
Phone: (480) 963-9339
Fax: (480) 963-4098

ESTRELLA



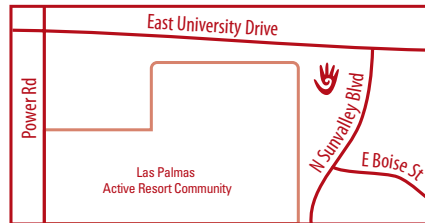
Physical Therapy & Hand Therapy
1860 North 95th Lane, Suite 105
Phoenix, AZ 85037
Phone: (623) 907-0828
Fax: (623) 907-3058

GLENDALE



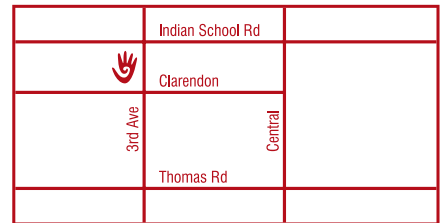
5757 W. Thunderbird, Suite E-465
Glendale, AZ 85306
Phone: (602) 843-9945
Fax: (602) 843-8775

MESA EAST



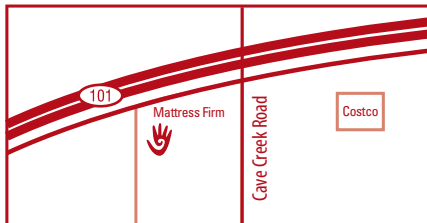
7165 E University Drive
Bldg. 11, Suite 143
Mesa AZ 85207
Phone: (480) 218-9973
Fax: (480) 218-9976

PHOENIX MIDTOWN



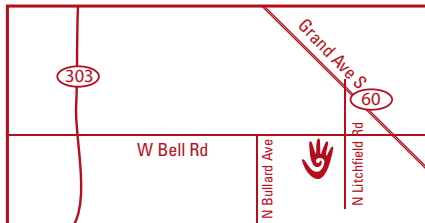
Physical Therapy & Hand Therapy
300 W. Clarendon Avenue, Suite 285
Phoenix, AZ 85013
Phone: Hand: (602) 277-3686
Full Body: (602) 954-8473
Fax: (602) 277-3676

PHOENIX NORTH



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

SURPRISE



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



YEARS OF HELPING HANDS