



PRESCRIPTION FOR TREATMENT

Rockford

Fax to 616-866-6897

Client Information:

Client Name: _____ Date of Birth: _____
 Physician: _____ Physician NPI#: _____
 Physician Phone: _____ Physician Fax: _____
 Diagnosis: _____
 Diagnosis ICD-10 Code(s): _____

**Please forward demographics, current medication list, and most recent applicable office note with prescription.*

Services:

Evaluate and Treat for:	Related Diagnosis/Code <i>(if different from above)</i>
<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Aquatic Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Speech Therapy	
<input type="checkbox"/> Wheelchair/Mobility/Equipment Evaluation	
<input type="checkbox"/> Other:	

Precautions/Contraindications: _____

Physician Signature: _____ Date: _____

Thank you for your referral!

Working with Life Beyond Barriers Rehabilitation Group

- INTENSIVELY TRAINED IN:**
- Ⓞ Neurodevelopmental Treatment
 - Ⓞ Cognitive Rehabilitation
 - Ⓞ Activity-Based Therapy
 - Ⓞ Advanced Functional Electrical Stimulation
 - Ⓞ Visual Perception
 - Ⓞ Vestibular Rehabilitation
 - Ⓞ LSVT
 - Ⓞ Locomotor Training

- SPECIALTIES:** We specialize in rehabilitation following a catastrophic neurological event, such as:
- Ⓞ Traumatic Brain Injury
 - Ⓞ Spinal Cord Injury
 - Ⓞ Stroke
 - Ⓞ Parkinson's Disease
 - Ⓞ Amyotrophic Lateral Sclerosis
 - Ⓞ Multiple Sclerosis
 - Ⓞ Brachial Plexus Injury
 - Ⓞ Cerebral Palsy
 - Ⓞ Amputations
 - Ⓞ Other Neurological Deficits
 - Ⓞ Other Neurological Diagnoses

- PAYERS ACCEPTED:**
- Ⓞ Medicare
 - Ⓞ Blue Cross Blue Shield
 - Ⓞ Medicaid, including Meridian & Children's Specialty Health
 - Ⓞ Aetna
 - Ⓞ Priority Health
 - Ⓞ Auto and Workers Compensation