



# PRESCRIPTION FOR TREATMENT

Traverse City  
Fax to 231-486-6329

## 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  
*(if different from above)*

<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