



PRESCRIPTION FOR TREATMENT

Rockford

Fax to 616-866-6897/562-685-0618

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.*

**Please select discipline(s) ordered – SLP/OT/PT*

EVALUATE AND TREAT FOR		Comments
<input type="checkbox"/>	Speech Therapy	
<input type="checkbox"/>	Occupational Therapy	
<input type="checkbox"/>	Physical Therapy	
<input type="checkbox"/>	Wheelchair/Mobility/Equipment Evaluation	

Precautions/Contraindications: _____

Physician Signature: _____ Date: _____

Thank you for your referral!

Working with Life Beyond Barriers Rehabilitation Group

- Neuro Intensive Programs for:**
- * Arm and Hand Motor Training
 - * Pediatrics
 - * Cognitive Rehabilitation
 - * Speech Language, & Voice Treatment
 - * Gait and Balance Training
 - * Spinal Cord Rehabilitation
 - * Limb Loss
 - * Vestibular Rehabilitation
 - * Parkinson's Wellness

- PAYERS ACCEPTED:**
- * Medicare, including Priority Health, Aetna, Plus Blue
 - * Aetna
 - * Medicaid, including Meridian, Priority Health, Children's Special Health Care
 - * Blue Cross Blue Shield
 - * Auto and Workers Compensation
 - * Priority Health
 - * Private Pay

- Intensively trained in:**
- * Activity Based Therapy with Body Weight Support Systems
 - * Parkinson's Wellness Recovery (PWR!)
 - * Aquatic Therapy
 - * Lee Silverman Voice Treatment (LSVT) LOUD
 - * Cognitive Rehabilitation
 - * Vestibular Therapy
 - * MyndMove Functional Electrical Stimulation
 - * Visual Perception/Visual System Skills
 - * Neurodevelopmental Treatment (NDT)

