



MANCHESTER MEMORIAL HOSPITAL  
71 Haynes Street, Manchester, CT 06040

ROCKVILLE GENERAL HOSPITAL  
31 Union Street, Vernon, CT 06066

### ECHN Rehabilitation Services Prescription for Therapy

- PHYSICAL THERAPY     OCCUPATIONAL THERAPY     SPEECH-LANGUAGE PATHOLOGY

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ICD-10 : \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_  
 Precautions: \_\_\_\_\_  
 Certified Hand Therapist Requested?     YES     NO  
 Is this patient post-operative?     YES     NO    If yes, please note date & type of procedure: \_\_\_\_\_  
 Do you have a preferred protocol?     YES     NO    If yes, please include protocol with this prescription.

**EVALUATE AND TREAT with the following recommendations (optional):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Therapeutic Exercise                    | <input type="checkbox"/> Manual Therapy               | <input type="checkbox"/> Neuromuscular Re-Education     |
| <input type="checkbox"/> Ultrasound                              | <input type="checkbox"/> Aquatic Therapy              | <input type="checkbox"/> Gait Training                  |
| <input type="checkbox"/> Electrical Stimulation                  | <input type="checkbox"/> Iontophoresis                | <input type="checkbox"/> Mechanical Traction            |
| <input type="checkbox"/> Paraffin                                | <input type="checkbox"/> Moist Heat/Cryotherapy       | <input type="checkbox"/> Prosthetic Training            |
| <input type="checkbox"/> Orthotic Evaluation/Fabrication/Casting | <input type="checkbox"/> Orthotic Management/Training | <input type="checkbox"/> Modified Barium Swallow w/ SLP |
| <input type="checkbox"/> Speech Therapy (Language)               | <input type="checkbox"/> Speech Therapy (Cognitive)   | <input type="checkbox"/> Swallow Therapy                |

**SPECIALIZED PROGRAMS AND SERVICES**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lymphedema Management       | <input type="checkbox"/> Breast Cancer Rehabilitation | <input type="checkbox"/> Oncology Rehabilitation              |
| <input type="checkbox"/> Pelvic Floor Rehabilitation | <input type="checkbox"/> Falls/Balance Program        | <input type="checkbox"/> LSVT BIG® (PT and OT for Parkinsons) |
| <input type="checkbox"/> Vestibular Rehabilitation   | <input type="checkbox"/> Amputee Rehabilitation       | <input type="checkbox"/> LSVT LOUD® (SLP for Parkinsons)      |

Frequency/Duration: \_\_\_\_\_ times per week x \_\_\_\_\_ weeks

Additional Instructions: \_\_\_\_\_

Practitioner/AHP Signature

Date

Time

Print Name/Mnemonic

**Manchester Memorial Hospital**  
 71 Haynes St - Manchester  
 Tel: (860) 647-6485

**Rockville General Hospital**  
 31 Union St - Rockville  
 Tel: (860) 872-5261

**Rehab Services at Evergreen Walk\***  
 2800 Tamarack Ave - S Windsor  
 Tel: (860) 533-4670

**Rehab Services at the Ellington Y\***  
 11 Pinney Road - Ellington  
 Tel: (860) 871-1078

**FAX REFERRAL FORM TO ECHN CENTRAL SCHEDULING AT 860-474-1700**

\*AQUATIC THERAPY SITE

