

METRO

SPINE & SPORTS REHABILITATION

www.metrospineandsport.com

CHICAGO/LOOP
20 S. Clark Street, Suite 1020
Chicago, IL 60603
Office: 312-368-8400 Fax: 312-368-8450

LAKEVIEW
1333 W. Belmont Ave, Suite 200
Chicago, IL 60657
Office: 773-248-5009 Fax: 773-248-5037

Patient Name: _____

Patient Phone #: _____ Date: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks.

EVALUATE & TREAT

- Manual Therapy**
 - Soft Tissue Mobilization
 - Joint Mobilization
- Therapeutic Exercise**
 - Passive ROM
 - Active ROM
 - Active Assistive ROM
 - Progressive Resistive Exercise
 - Strengthening
 - Stabilization Program
 - Core Strengthening
 - Closed Chain Exercise
 - Posture/Body Mechanics
 - Home Exercise Program
- Gait Training**
- Neuromuscular Re-education**
- Balance Training**
- Fall Prevention Program**
- Modalities**
 - Ultrasound
 - Electrical Stimulation
 - Massage
 - Iontophoresis
- Women's Health (Chicago/Loop only)**
- Vestibular Rehabilitation**
- Other:** _____

SPECIAL INSTRUCTIONS: _____

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.

Physician's Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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- JUST A REMINDER:**
- Please bring this referral slip with you on your first visit.
 - Bring insurance card and photo identification.
 - The evaluation (1st visit) usually lasts up to 1 hour.
- WHAT TO WEAR:**
- Please wear comfortable clothing.

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Metro Spine & Sports Rehabilitation is featured on
PTandMe.com

*An informational site for patients interested
 in or considering physical, occupational, and/or hand therapy.*