



INDUSTRIAL REHABILITATION REFERRAL

Patient/Client Name: _____ Date: _____
 Phone Number: _____ Address: _____
 Diagnosis: _____ Insurance: _____
 Date of Birth: _____ Claim #: _____
 Family Dr.: _____ Ph: _____
 Fax: _____ Address: _____
 Claims Manager(s): _____ Ph: _____
 Precautions/Comments: _____

Functional Capacity Evaluation (FCE):

- 1 day (5-6 hours)
- 2 day (3 hours per day)

- General Job Specific
- Upper Extremity Lower Extremity

2 Hour Work Conditioning Program

Daily, 2 hours for _____ weeks. Weekly reports, goals and teleconferences.

- Physical conditioning Education
- Functional/Work Simulation

Work Site Evaluation and Services:

- Ergonomic Assessment
- Job Coaching
- Job Modifications
- Job Analysis/Worksite assessment/PDA
- Truck cab Ergonomic Assessment
- Post Job Offer Testing

4 Hour Work Hardening Program

Daily, 4 hours for _____ weeks.
 Includes an FCE at day 1 and at the end of program.
 Weekly reports, goals and teleconferences.

- Physical conditioning Education
- Functional/Work Simulation
- Therapists discretion, FCE results & PDA

Massage Therapy _____ times per week

Pedorthic Care Custom Ortopics

Physiotherapy Evaluation & Treatment per Therapist Discretion

- | | | |
|----------------------|----------------------------|----------------------|
| Biofeedback Training | Mechanical Spinal Traction | Therapeutic Exercise |
| Real Time Ultrasound | Cervical (DTS Traction) | |
| Surface EMG | Lumbar (DTS Traction) | |

- | | | | |
|--------------------|-----|-----------------|------------------|
| Manual Treatment | ROM | Modalities | Functional Rehab |
| Joint Mobilization | | Acupuncture | Work Simulation |
| Soft Tissue Mobs | | US/IFC/EMS/TENS | Body Mechanics |