

# Lakeside Comprehensive Rehabilitation, Inc.

## Physical, Occupational, Speech & Massage Therapy

601 E Main Street \* Hart, Michigan 49420 \* Phone:(231) 873-3577 \* Fax:(231) 873-3557



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Frequency & Duration: \_\_\_\_\_ Onset: \_\_\_\_\_

- Eval & Treatment**
- Aquatic Therapy
- ADL's/ Adapitve Equipment TX
- Cognitive
- Driving Assessment
- \_\_\_Pre-Screening \_\_\_ Road Test
- DLS Program/ Back Stabilization
- Fine Motor
- Functional Capacity Eval
- Restrictions: \_\_\_\_\_
- Gait-Balance- Proprioception
- Home Assessment
- Home Exercise Program
- Job Assesement
- \_\_\_Coaching \_\_\_Pre Screen
- Mckenzie
- Manual Treatment (TX)
- Modalities
- \_\_\_Anodyne Therapy
- \_\_\_E-Stim \_\_\_Home Unit
- \_\_\_Iontophoresis
- \_\_\_Hot/ Cold
- \_\_\_Laser Therapy
- \_\_\_Paraffin \_\_\_Fludio
- \_\_\_Traction \_\_\_Home Unit
- \_\_\_U.S. \_\_\_Phono

- Neuro - Re Education
- Pediatric
- ROM, P/ROM, AA/ROM, A/ROM
- Sensory
- Soft Tissue Mobilization
- Splinting/ Orthotic Fitting & Training
- Sports Injury
- \_\_\_Reconditioning \_\_\_Strengthening
- Taping
- \_\_\_Spider Tech \_\_\_Leuko
- Urinary Incontinence Program
- \_\_\_Stress \_\_\_Mixed\_\_\_Urge\_\_\_Other
- Universal & Assessible Design Consultant ADA
- Vestibular
- Visual- Perceptual TX
- Work Conditioning
- Other: \_\_\_\_\_

- Speech Therapy**
- Eval & Treatment**
- Aphasia
- \_\_\_ Expressive
- \_\_\_ Receptive
- Augmentative Alt. Comm
- Cognitve Senory
- Oral Motor Therapy
- Dysphagia
- Dysarthria
- Language
- Verbal Apraxia
- Other: \_\_\_\_\_

**Massage Therapy**  
 \_\_\_ Preformed by CMT



STAR TREAT ALL AGES AND DISABILITIES

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

Protocol Specific Instruction: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Ancillary Provider for the Affinia Health Network** \*

Website: [www.lakesiderehab.com](http://www.lakesiderehab.com)

# Lakeside Rehab & Family Fitness

## WELLNESS PRESCRIPTION



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Step 1: Land or Aquatic Based**

Land Track \$60     Aquatic Track \$75

### **Step 2: Wellness Prescription Track (One Track ONLY)**

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Pain Track	<u>Specialty Tracks:</u>	
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Pre-Surgical	<input type="checkbox"/> Healthy Heart(phase 3-4)	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> General Health	<input type="checkbox"/> Weight Management	<input type="checkbox"/> Cancer	

### **Step 3: Please Check all that apply**

I am not aware of any contraindications toward participation in supervised fitness program.

I believe the applicant can participate, but I urge caution because: \_\_\_\_\_

The applicant should **not** engage in the following activities: \_\_\_\_\_

I recommend the applicant participate without any restrictions or contraindications.

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

Protocol Specific Instruction: \_\_\_\_\_

### **Step 4: Authorization Required**

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Step 5: Complete Forms and Fax to Number below**

**Lakeside Rehab**  
601 E. Main St.  
Hart, MI 49420  
(231) 873-3577

Lakeside will schedule first appointment.  
**www.lakesiderehab.com**  
Completed Forms Fax to number below  
**(231) 873-3557**

**Lakeside Family Fitness**  
39 State St.  
Hart, MI 49420  
(231) 873-3566