Providence
HEALTH – NORTHEAST

114 Gateway Corp Blvd, Suite 130 | Columbia, SC 29203 | Phone: 803.865.4921 | Fax: 803.865.4584

Outpatient Rehabilitation Department
Physical Therapy

Occupational Therapy
Speech Therapy

PATIENT NAME: _____

DIAGNOSIS: _____

DOB_____

FREQUENCY_____/ WK FOR _____ WEEKS

RESTRICTIONS/PRECAUTIONS: _____

_____ PHYSICAL THERAPY EVALUATION/TREATMENT

_____ OCCUPATIONAL THERAPY EVALUATION/TREATMENT

_____ SPEECH THERAPY EVALUATION AND TREATMENT
(CAN SPECIFY LANGUAGE/COGNITION/SWALLOWING)

COMMENTS: _____

_____

PHYSICIAN NAME: _____

TIME: _____ DATE: _____ PHYSICIAN SIGNATURE _____