

Therapy Services

Bryan

CHI St. Joseph Health

1600 Joseph Drive

Phone: (979) 821-7567

Fax: (979) 821-7548

College Station

CHI St. Joseph Health 4421

Hwy 6 South, Ste. 200

Phone: (979) 690-4250

Fax: (979) 690-4251

CHI St. Joseph Health

Sports Medicine

2803 Earl Rudder Frwy

Suite 102

Phone: (979) 731-5274

Fax: (979) 731-5275

CHI St. Joseph Health

Dizzy and Balance

Program

2803 Earl Rudder Frwy

Suite 101

Phone: (979) 731-5270

Fax: (979) 731-5275

CHI St. Joseph Health

Bellville Hospital

235 W. Palm St. Ste. 111

Phone: (979) 413-7330

Fax: (979) 413-7339

CHI St. Joseph Health

Brenham

2106 South Market St.

Phone: (979) 830-7050

Fax: (979) 830-7052

Brenham

108 US Hwy 290 W.

Phone: (979) 277-7140

Fax: (979) 277-7141

Caldwell

CHI St. Joseph Health

Burleson Hospital

1105 Woodson Drive

Phone: (979) 567-2221

Fax: (979) 567-2220

Madisonville

CHI St. Joseph Health

Madison Hospital

100 West Cross

Phone: (936) 349-1661

Fax: (936) 349-1662

Navasota

CHI St. Joseph Health

Grimes Hospital

210 South Judson

Phone: (936) 870-4526

Fax: (936) 870-4586

Outpatient Therapy Prescription

Patient's Name: _____ Date of Birth: _____

Patient / Caregiver Phone #: _____

Rehab Dx. / Dysfunction(s): _____

Physical Therapy

Occupational Therapy

Speech Therapy

Evaluate & Treat

Evaluate & Treat

Evaluate & Treat

Frequency: 1 2 3 4 5 x per week

Duration: 1 2 3 4 5 6 weeks

EXERCISE

- Therapeutic Exercise
 - Active ROM
 - Passive ROM
 - Strengthening
 - Stretching
- Manual Therapy / Mobilization
- Balance / Coordination / Agility
- Gait / Mobility
- Orthotic / Prosthetic
- Neurologic Rehab
- Work Return Process
 - Functional Capacity Evaluation
 - Ergonomic Evaluation
 - Work Conditioning
- Home Exercise Program

MODALITIES

- Hot Pack / Cold Pack
- Ultrasound
- TENS / E-Stim
- Cervical / Lumbar Traction
- Soft Tissue Massage
- Paraffin
- Fluidotherapy
- Iontophoresis meds _____
- Phonophoresis meds _____
- Sequential Compression
- Vital Stim (e-stim to face/neck)

PROTOCOLS

- THR TKR
- ACL Reconstruction
- Rotator Cuff Repair
- _____

SPECIALIZED PROGRAMS

- Aquatic Therapy
- Vestibular Rehab (Vertigo)
- Pulmonary Rehab
- Hand Therapy
- Lymphedema Management
- Cardiac Rehab
- Women's Health (Pelvic Floor Dysfunction)

Special instructions for therapist(s): _____

A written assessment is to be performed. The patient shall be re-certified under the physician's care at least every 30 days.

Physician's Signature _____

Date _____

Not all therapies are available at every facility. Please call your facility of choice to inquire.

Revised 12/28/15

RC-PT-14