Destination Life LLC

Therapy & Wellness

DESTINATION LIFE
HOME HEALTHCARE
"Keeping Your Home"

Patient Name: _____ Phone: _____

- ❑ **Therapy Evaluation and Treat**
- ❑ **Outpatient**
- ❑ **Home Healthcare**

MODAILITIES

___ E-STIM
___ T.E.N.S
___ BIO Q
___ THERMAL/ CRYOTHERAPY
___ ULTRASOUND

SPECIALIZED PROGRAMS

___ DIABETIC PROGRAM
___ COGNITIVE THERAPY
___ DIABETES MANAGEMENT
___ BALANCE/VESTIBULAR TRAINING
___ HAND REHAB
___ INCONTINENCE THERAPY PROG.
___ OTHER: _____

PROCEDURES

___ POST SURGICAL REHAB
___ ONCOLOGY REHAB
___ FUNCTIONAL CAPACITY EVAL.
___ FUNCTIONAL AMBULATION
___ HOME PROGRAM
___ JOINT MOBILIZATION
___ JOINT PROTECTION TRAIN
___ STROKE REHAB
___ OSTEOPOROSIS PROGRAM
__ TRANSITIONAL TRAINING
___ PULMONARY OCCUPATIONAL THERAPY
___ ROT. CUFF REPAIR PROTOCOL

FREQUENCY: 1 2 3 4 5 /WK

DURATION FOR: _____ Weeks

_____
M.D. SIGNATURE

Date: _____

DIAGNOSIS CODES _____

Please fax history and physical with all referrals: 844-812-4427

"We Change Lives"

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