



PHC Outpatient Rehab

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### PRESCRIPTION FOR REHABILITATION SERVICES

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions or Contraindications: \_\_\_\_\_

#### PHYSICAL THERAPY

**Evaluate & Treat**

Equipment Assessment (GT device, Seating, Mobility)

Gait/Balance Training

Therapeutic Exercise (Strength/Endurance)

Orthotic/Prosthetic Training

Spine Stabilization

Cervical/Lumbar Traction

Joint/Soft Tissue Mobilization

Modalities

Home Exercise Program

Pulmonary Rehab

Anodyne

Other: \_\_\_\_\_

#### OCCUPATIONAL THERAPY

**Evaluate & Treat**

Home/Environment Assessment

Splint/Orthotic Fabrication Provision

Adaptive Equipment Assessment

Coordination/Hand Skills Training

Modalities

Other: \_\_\_\_\_

#### SPEECH LANGUAGE

Evaluate

Evaluate & Treat

Other: \_\_\_\_\_

Frequency: \_\_\_\_\_

**HOME HEALTH**

Duration: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature



South  
Windermere  
Shopping  
Center

Wappoo  
Cut Bridge

Maybank HWY

Country Club Drive

Means Street

★ **PHC Outpatient Rehab**

Cuthbert Street

Harbor View Road

Folly Road

James Island Connector