THERAPLEX REHAB

4771 Sweetwater Blvd. PMB#176
Sugar Land, TX 77479
Ph: 281-781-4460
FAX:877-401-1440
Email: TheraplexRehab@gmail.com

Patient: _____
Please fill in or attach patient demographics).
DOB: _____
Phone: _____
Insurance: _____
Subscriber ID: _____

Physician: _____

Phone: _____

Fax: _____

Referring Contact: _____

- **Evaluate and Treat Dysfunction Secondary to (Please use CPT code):**

  _____

- **Comments/Precautions/Contraindications:**

  _____

Occupational Therapy:

Occupational Therapy will be provided 2-3 times per week for 12 weeks unless otherwise prescribed. During this program the patient will be educated and instructed in the following ways: muscle training, strength training, upper/lower body conditioning, and aerobic exercises to improve overall conditional and participation in activities of daily living. Additionally, baseline assessments and progress will be documented accordingly.