STAR REHABILITATION

An Integrated Approach to Functional Rehabilitation

4828 Columbia Avenue, Suite 200

Dallas, Texas 75226

★ ★ ★ ★ ★ ★

Phone: (214) 826-9567 Fax: (214) 821-2766

Today's Date:_____ **Date of Injury:**_____

Patient's Name:_____

Patient's Phone Number:_____

Patient's Diagnosis:_____

☐ **Spanish Speaking** ☐ **Transportation Needed**

☐ **Group Health** ☐ **Workman's Comp** ☐ **LOP** ☐ **Cash**

EVALUATION

☐ Evaluate and Treat

☐ Functional Capacity Evaluation

☐ Impairment Rating

SPECIFIC DIRECTIONS

_____

_____

_____

PROGRAMS

☐ Kinetic Strengthening (Therapeutic Exercises) 2 3 4 5 times per week

1 2 3 4 5 6 7 8 9 weeks

☐ Work Conditioning ☐ Work Hardening

☐ Aquatic Therapy _____

☐ Home Exercise Program _____

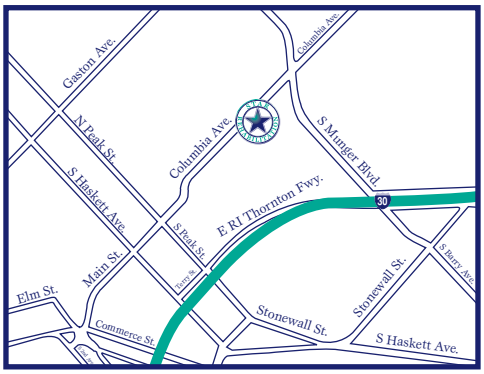
☐ Back School _____

_____

Physician's Signature

_____

Physician's Printed Name



Please fax this script, last doctor's note, and insurance information to (214) 821-2766. Thanks!