

# TOTAL REHAB

**HARLINGEN CLINIC**  
595 Sesame Dr. West  
Tel: (956) 428-5440  
Fax: (956) 428-3375

**BROWNSVILLE CLINIC**  
1300 Wildrose Lane  
Tel: (956) 542-2845  
Fax: (956) 548-9019

Patient's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

DX (ICD-10): \_\_\_\_\_

\_\_\_\_\_ **EVALUATE & TREAT**      **Frequency:** \_\_\_\_\_ Times per week      **Duration:** for \_\_\_\_\_ weeks

\_\_\_\_\_ **Physical Therapy**

\_\_\_\_\_ Vestibular Therapy

\_\_\_\_\_ Hand Therapy

\_\_\_\_\_ Balance/Gait Training

\_\_\_\_\_ Prosthetic Training

\_\_\_\_\_ Aquatic Therapy

\_\_\_\_\_ Work Conditioning

**TEST PERFORMED:**

\_\_\_\_\_ Functional Capacity Evaluation (FCE)

**Providers of:** MEDICARE, MEDICAID, TEXAS HEALTH SPRING, PHYSICIANS HEALTH CHOICE, CARE IMPROVEMENT PLUS, TRICARE, WORKERS COMP, AETNA, BLUE CROSS/BLUE SHIELD AND MOST PRIVATE INSURANCES.

Comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_