

McLaren Print System Order

Order No: 52789 Reprint Previous Order No: 15251
Order Date: 2020-02-24
User: shelby brandon
Phone: 810-342-2362

Ship Location: McLaren Flint Therapy Services 1 North Attn: Shelby Brandon
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 38110
Dept Name: McLaren Flint Physical Therapy
Company Number: 60

Order Total Price: 0.00

Item Number: M-28045
Item Description: McLAREN CANCER REHAB RX Form
Revision Date: 1/2017
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
CANCER REHABILITATION PRESCRIPTION
Name: \_\_\_\_\_ Gender M/F DOB: \_\_\_\_\_
Diagnosis: \_\_\_\_\_ Precautions: \_\_\_\_\_
Frequency: 3x/week 2x/week 1x/week Other: \_\_\_\_\_ Duration: \_\_\_\_\_
Chemo: YES (current/past) / NO Radiation: YES (current/past) / NO Lymph nodes removed: YES/NO
SPEECH THERAPY - evaluate and treat:
[ ] Communication/language Evaluation
[ ] Swallowing Evaluation
[ ] Clinical Swallow Evaluation
[ ] Videofluoroscopic Swallow Study
[ ] Cognitive training
[ ] Prehabilitation screen, evaluate, and treat
[ ] Other: \_\_\_\_\_
PHOT - evaluate and treat:
[ ] Prehabilitation screen, evaluate, and treat
[ ] Exercise
[ ] Neuro-muscular re-education
[ ] Manual therapy
[ ] Home instructions
[ ] Postural/body mechanics
[ ] Massage
[ ] Splinting/bracing
[ ] Scar management
[ ] Complete decongestive therapy
[ ] Decompression exercises
[ ] Modalities PWB
[ ] Other: \_\_\_\_\_
OCCUPATIONAL THERAPY - evaluate and treat:
[ ] ADL functional assessment
[ ] Prehabilitation Program
[ ] Other: \_\_\_\_\_
PHYSICAL THERAPY - evaluate and treat:
[ ] General therapy
[ ] Pain Floor
[ ] Hold internal assessment until after: \_\_\_\_\_
[ ] Okay for internal assessment
[ ] Osteoporosis therapy
[ ] Balance/vestibular issues
[ ] Prehabilitation Program
FOOT - LYMPHEDEMA THERAPY - evaluate and treat:
[ ] Upper extremity
[ ] Lower extremity
[ ] Genital
[ ] Head and Neck
Date of Surgery: \_\_\_\_\_
Procedure: \_\_\_\_\_
Other: \_\_\_\_\_
Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_
CANCER REHAB RX 600