



AQUATIC REHABILITATION CENTER

phone 718-234-1212

fax 718-234-1164

www.AquaticRehabilitation.com

1659 78th Street, Brooklyn, NY 11214

THERAPY REFERRAL FORM

Patient Name: _____ Date: _____

Patient Phone: _____

Diagnosis: _____

Precautions: _____

PHYSICAL/OCCUPATIONAL THERAPY

- Evaluate Treat
- Therapeutic Exercise
(Active, Passive, ADL)
- Functional Activities
(Gait, Balance, ADL)
- Neuromuscular
Re-education
- Manual Therapy
(Joint & Soft Tissue
Mobilization)

- Modalities
(Elect Stim, Ultrasound,
Iontophoresis)
- Thermal Modalities
(Ice, Moist Heat)
- Traction
(Lumbar, Cervical)
- Comments:

AQUATIC & SPECIALTY PROGRAMS

- Activity Prescription Program
 - * General Exercise for Health / Disease Prevention
 - * Oncology / Cancer Conditioning
 - * Diabetes Management through Activity
- Aquatic Program
- Arthritis / Prehabilitation Program
- Balance / Fall Prevention
- Cardiopulmonary Physical Therapy
- Diabetic Peripheral Neuropathy / Anodyne
- Low Back and Neck Pain
- Osteoporosis Program

- Post-mastectomy Care
- Post-surgical Care
- Prenatal Programs
 - * Carpal Tunnel Syndrome
 - * Low Back / Pelvic Pain
- Stroke Recovery Program
- TMJ / Craniofacial / Headaches
- Vestibular Rehabilitation
- Work Injury / Return to Work
- Other _____

Other Treatments: _____

Frequency: _____ Duration: _____

MD Signature: _____



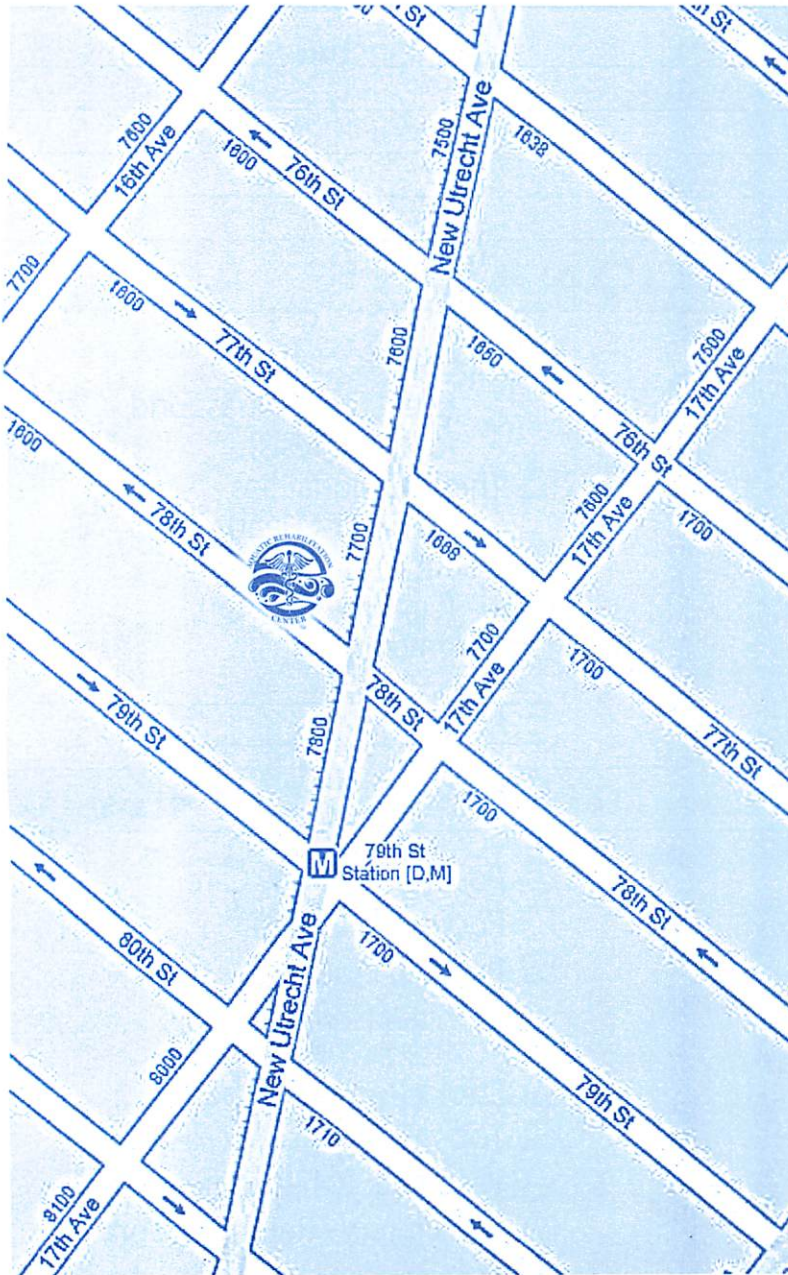
AQUATIC REHABILITATION CENTER

phone 718-234-1212

fax 718-234-1164

www.AquaticRehabilitation.com

1659 78th Street, Brooklyn, NY 11214



ADDRESS:

1659 78th street,
2nd Floor,
Brooklyn, NY 11212

HOURS:

Monday - Friday
9:00 am - 7:00pm

Saturday
Closed

Sunday
Closed

DIRECTIONS

Local Trains/Buses:

Trains D
(79th street Train Stop)

Busses B4 and B8

PLEASE CALL OUR OFFICE FOR MORE INFORMATION

718-234 -1212

We provide transportation for eligible patients