

# GeriHab Physical Therapy and Wellness

Individualized 1 on 1 Physical Therapy  
and  
Physical Therapist Led Group Exercise

*Medicare Outpatient Part B Participating Provider*

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Website: GeriHabJackson.com

Patient Name: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

## Treatment Plan:

- Evaluate & Treat
- Continue Plan of Care
- Dementia Education
- GeriHab Group Ex
- Post Covid – Breathing / Training / Exercise

## Manual Therapy:

- Myofascial Release
- Neuromuscular Massage
- Joint Mobilization
- Other: \_\_\_\_\_

## Modalities:

- Electrical Stimulation
- TENS (Home Unit)
- Ultrasound
- Pain Management
- Wheelchair Evaluation
- Assistive Device

## Exercise:

- HEP
- PROM
- AROM / AAROM
- PRE's
- Strengthening

Frequency: 1x , 2x, 3x, 4x, 5x per week for: \_\_\_\_\_ weeks.

Comments:

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I CERTIFY THAT PHYSICAL THERAPY IS MEDICALLY NECESSARY.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date