



1101 Bartlett Circle
Hillsborough, NC 27278
(919) 614-1923 phone
(919) 644-6646 fax
info@elderfitpt.com

Patient Name: _____ **Date of Birth:** _____

Diagnoses: _____

Home Phone: _____ **Address:** _____

Patient Insurance: Medicare BCBS Medicaid Other: _____

Functional Problems

- Difficulty in Ambulation
- Weakness
- Balance/Coordination Problems
- Cognitive Impairment
- ADL Deficits
- Other: _____

Prescription

- Evaluate and Treat
- Manual Therapy/Joint Mobilization
- Physical Therapy Evaluation only
- Coordination and Balance Re-education
- Gait Training
- Other: _____
- Strengthening/Range of Motion

Frequency of Therapy: _____ **Duration of Therapy:** _____

I certify the need for these services furnished under this plan of treatment and while under my care.

Physician Name: _____

Physician Signature: _____ **NPI:** _____

Physician Phone: _____ **Fax:** _____ **Date:** _____

ELDERFIT In Home Rehab services Orange and Durham counties and the surrounding areas.

Outpatient physical therapy services are provided *in the home* at a time convenient to each patient.

ELDERFIT's patients are not required to be homebound and may merely prefer to be cared for in the convenience, comfort and safety of their home.