



2002 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  
 Coordination and Balance Re-education  Strengthening/Range of Motion  
 Gait Training  Other: \_\_\_\_\_

**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, Alamance, Guilford, Wake, 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.



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## How do I know if ElderFit Physical Therapy is needed and appropriate for my patient?

