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

□ 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.