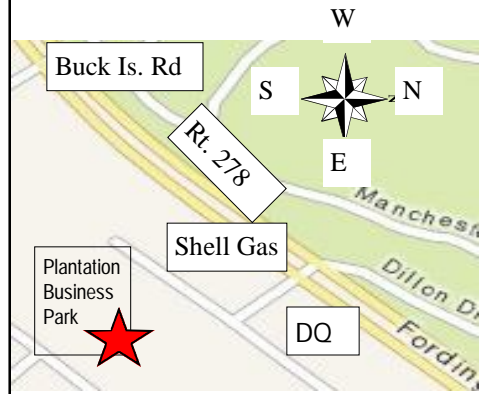


Letter of Referral/Prescription/Medical Necessity

**Hilton Head Occupational Therapy
Myofascial Rehabilitation &
Lymphedema Services**

Dr. Madeline Chatlain OTR/L, CDT-LANA, MTPT
29 Plantation Park Drive, Suite 502, Bluffton, SC 29910
Tel. (843) 757-9292 or Fax (843) 757-9294



Date: _____
Physician Name: _____ MD
Phone Number: _____
Fax Number: _____
Address: _____

Patient's Name: _____
Phone: (H) _____ Work _____ Cell _____
Address: _____
SSN: _____ DOB: _____
Primary Insurance: _____
Member ID: _____ E-mail: _____

Symptom/Findings Checklist

- ___ Chronic Painful Complaints
 - ___ Headaches ___ Facial Pain
 - ___ Neck ___ Shoulder (R/L)
 - ___ Upper Back ___ Arm(s) (R/L)
 - ___ Mid Back ___ Abdominal (R/L)
 - ___ Low Back ___ Hip(s) (R/L)
 - ___ Chest ___ Leg(s) (R/L)
 - ___ Hand(R/L) ___ Foot (R/L)
- ___ Complains longer than 3 Months
- ___ Negative Neurological Findings
- ___ Positive Neurological Findings,
 - ___ Symptom specific
 - ___ Not symptom specific
- ___ Reduced Range of Motion
- ___ Decrease in ability to perform Activities of Daily Living
- ___ Palpable Trigger Points
- ___ Referred Pain
- ___ Surgery is Not Recommended
- ___ Surgery is Recommended, patient prefers to try non-invasive therapy as an alternative
- ___ Other: _____

Current Diagnosis

- ___ 729.1 Myofascial Pain Syndrome
- ___ 729.0 Rheumatoid/Fibromyalgia
- ___ 728.85 Spasm of Muscle
- ___ 784.0 Headaches
- ___ 525.9 Jaw Pain
- ___ 723.3 Cervico-Brachial Syndrome
- ___ 847.0 Cervical Strain/Whiplash
- ___ 723.5 Torticollis
- ___ 840.0 Shoulder Strain/Sprain
- ___ 847.2 Lumbar Strain/Sprain
- ___ 847.1 Thoracic Strain/Sprain
- ___ 724.2 Lumbago/Low Back Syndrome
- ___ 729.5 Leg Pain
- ___ 354.0 Carpal Tunnel Syndrome
- ___ Other: _____

Lymphedema Diagnosis:

- ___ 457.0 Post-mastectomy Lymphedema
- ___ 457.1 Stage II Lymphedema (other)

Evaluation/Treatment/Therapy Is Medically Necessary _____

Additional Notes: _____

Physician's Signature: _____

NPI: _____

The Following Is Requested:

- ___ O.T. Evaluation/Report Including Clinical Impression
- ___ Myofascial Trigger Point Therapy (6-10 Sessions)
- ___ Complete Decongestive Therapy (6-20 Sessions)
- ___ Re-Evaluation with Report after 4 Therapy Sessions
- ___ Activities of Daily Living Evaluation and Education
- ___ Cmpr. Garments ___ Upper ___ Lower ___

- ___ Complete decongestive therapy Re-evaluation
- ___ CDT Maintenance Visit & Treatment