Cook Children's hand therapy referral/order

Fort Worth
1719 Eighth Avenue
Fort Worth, Texas 76104

To schedule an appointment
682-885-3898 phone
682-885-4063 fax

REQUIRED FIELDS: In order for this referral to be processed, all fields must be filled out.

Patient's name:	**DOB:**	**Sex:**
Diagnosis:	**ICD code:**	

Surgery date:_____ **Follow-up with physician:** _____

Priority: _____ Stat (<24 hours) _____ High (< 1 week) _____ Routine (2-3 weeks)

_____ Occupational therapy/physical therapy evaluate and treat

_____ Modalities as needed _____ Teach home program

Specific modalities (as needed): _____

Restrictions/precautions/protocol _____

_____

_____

❑ Therapist may return patient back to community physical activities and/or sports when appropriate.

____A/AA/PROM until week _____

_____

____Soft tissue mobilization

____Edema control

____Sensory re-education/desensitization

____Scar management

____Pressure garment

____Strength training starting week _____

____Burn/wound care: _____

Dressing preference:_____

Orthosis fabrication orders: ____ C**ustom** ____ **Static** ____ **Dynamic**

____ Wrist cock-up

____ Resting hand

____ Dorsal block

____ Mallet

____PIP extension

____Post-op flexor tendon

____ Thumb spica:

____ Sugar tong

____ Ulnar gutter

____ Elbow extension

____ Elbow flexion

____ Radial gutter

Other:_____

_____

Special instructions: _____

_____

_____

Physician signature:	**Date:**	Time:
Print physician name:		

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