



Warm Springs Rehabilitation System

Prescription for Outpatient Therapy

Patients Name: _____ Phone Number: _____ Date: _____

Physician's Name (Please Print) _____

Physician's Signature: _____ Office Phone: _____

Diagnosis _____ ICD-9 Diagnosis Code: _____ Onset Date: _____

- Evaluate
 Evaluate and Treat
 Continue Treatment Plan

Precautions: _____

Specific Goals: (Please list) _____

Frequency: _____ Duration: _____

Please fax to centralized at:
(210) 592-5390

Medical Drive (Med)
5101 Medical Dr.
San Antonio, TX 78229
Phone: 210-614-9276

Northwest (NW)
7616 Culebra, Ste 115
San Antonio, TX 78251
Phone: 210-682-2346

Northeast (NE)
8601 Village Dr., Ste 220
San Antonio, TX 78217
Phone: 210-599-2030

REHABILITATION SERVICES	Med	NW	NE
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psych./Neuropsych. Eval.	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Capacity Eval.		<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair/Seating Eval.	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIALTY SERVICES	Med	NW	NE
Aquatic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain Injury Program	<input type="checkbox"/>		
Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Therapy		<input type="checkbox"/>	
Hyperbaric Treatment	<input type="checkbox"/>		
Transcutaneous Oxygen Eval.	<input type="checkbox"/>		
Lymphedema		<input type="checkbox"/>	
Modified Barium Swallow Study	<input type="checkbox"/>		
Multiple Sclerosis Clinic	<input type="checkbox"/>		
Orthopedic Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management Program	<input type="checkbox"/>		
Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary Rehabilitation	<input type="checkbox"/>		
Vestibular	<input type="checkbox"/>	<input type="checkbox"/>	
Work Conditioning		<input type="checkbox"/>	<input type="checkbox"/>
Wound Management	<input type="checkbox"/>		
Vital Stim	<input type="checkbox"/>		

**For more information or to make a referral please call or fax our
Centralized Scheduling Department:**

210-592-5395 • Fax 210-592-5390 • Toll Free 877-439-2322