

Industrial Rehabilitation Referral

Client Name _____ Claim # _____

Date _____

Diagnosis/ICD-9 Code(s) _____

Diagnostic Findings _____

Special Instructions/Precautions _____

FREQUENCY:

- Work Conditioning Program: 5 times per week (2 hours daily)
- Work Hardening Program: 5 times per week (4-8 hours daily)
- Evaluate and treat at therapist's discretion
- Other _____

DURATION: 1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks

PROGRAMS:

- Work Conditioning
- Work Hardening
- Hand/UE Strengthening and Range of Motion (BTE)
- Body Mechanics Training

EVALUATIONS:

- Performance Based Physical Capacity Evaluation (PBPC/E/FCE)
- Work Sample (1-2 Day Job Specific Evaluation)
- Traumatic Brain Injury PBPC/E
- On-site Office Ergonomics Evaluation

PHYSICIAN'S SIGNATURE

Thank you for this referral!

Fax: (425) 775-9634 Phone (425) 774-9564 Email: mail@nwrwtw.com
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Map to Northwest Return to Work

For more information, please visit our website at www.nwrwtw.com!

