

**REHABILITATION INSTITUTE OF KANSAS CITY (RIKC)**  
**Outpatient Prescription**

**3011 Baltimore Ave.  
Kansas City, MO 64108**

**Phone: 816-751-7783**

**Fax: 816-751-7984**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Diagnosis/symptoms: \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Rehab needs: ☐ L hemi ☐ R hemi ☐ aphasia ☐ ataxia ☐ dysarthria ☐ cognitive deficits ☐ dysphagia ☐ gait disturbance  
☐ homonymous hemianopsia ☐ low vision R/L eye ☐ other \_\_\_\_\_

**Physical Therapy**

- ☐ Evaluation
- ☐ Wheelchair Evaluation
- ☐ Therapeutic Exercise
- ☐ Electrical Stimulation
- ☐ Ultrasound
- ☐ Gait Training
- ☐ Manual Therapy
- ☐ Functional Training
- ☐ other \_\_\_\_\_

**Occupational Therapy**

- ☐ Evaluation
- ☐ Therapeutic Exercise
- ☐ Splinting
- ☐ Functional training
- ☐ Self Care
- ☐ Manual Therapy
- ☐ Cognitive Treatment
- ☐ Vision Therapy
- ☐ other \_\_\_\_\_

**Speech Pathology**

- ☐ Evaluation
- ☐ Dysphagia Treatment
- ☐ Speech Language Tx
- ☐ Cognitive Eval/Treatment
- ☐ other \_\_\_\_\_

**Precautions:**

- ☐ None
- ☐ Safety
- ☐ Cardiac
- ☐ Seizure
- ☐ Weight Bearing \_\_\_\_\_
- ☐ Range of motion \_\_\_\_\_
- ☐ other \_\_\_\_\_

Frequency \_\_\_\_\_ Times Per Week

Duration \_\_\_\_\_ Weeks

Goals:

**Certification:**

Signature below certifies that during the course of treatment as outlined above in physical therapy, occupational therapy and/or speech pathology that the patient will be under the care of the ordering physician.

The plan of care as outlined above and/or in the initial evaluation report was established by the physician, physical therapist, occupational therapist, or speech pathologist. The physician will periodically approve this plan and recertification will occur at least once every 60 days. The services provided to the patient are required.

Physician's Name: \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

NPI# \_\_\_\_\_ UPIN# \_\_\_\_\_ MO Medicaid # \_\_\_\_\_ KS Medicaid# \_\_\_\_\_

Revised Oct 2014

