



Physician Orders

PATIENT NAME: _____

DOB: _____

PHONE: _____

Please fax copy of face sheet if available

Medical Clinic / Facility Name: _____

Phone: _____ FAX: _____

PLEASE CHECK SERVICES THAT APPLY:

PT – OT – SPEECH

- PT eval & treatment _____
- Pool PT eval & treatment _____
- OT eval & treatment _____
- Speech eval & treatment _____

PSYCHOLOGICAL SERVICES

- Counseling eval & treatment
- Neuropsychological eval

PAIN

- Eval & treatment
- Residential Pain Program
PH: 763-520-0412
FAX: 763-520-0216
- Pre-surgical eval
PH: 651-439-8283
FAX: 651-439-0576

SPECIALTY CLINICS - SERVICES

- Courage Center Physicians' Associates
- Activity Based Locomotor Exercise
- Augmentative/alternative communication eval
- Wheelchair seating/mobility – physical therapy evaluation & treatment up to 5 sessions
- Shop Services – custom adaptations & equipment
- Community Reintegration Program/CRP (OT, speech & counseling evals)
- Courage Center at Home
- Spasticity Clinic

DRIVER ASSESSMENT & TRAINING

- Driver evaluation
(No physician's order required)

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- Courage Center Burnsville and Golden Valley Pediatrics PH: 763-520-0494 **FAX: 763-520-0872**
- Courage Center Forest Lake PH: 651-464-5235 **FAX: 651-464-3547**
- Courage Center Golden Valley including Courage Center pool therapy in Burnsville, Coon Rapids, Eden Prairie & Golden Valley PH: 763-520-0312 **FAX: 763-520-0392**
- Courage Center Stillwater including Courage Center pool therapy in Hudson & Stillwater PH: 651-439-8283 **FAX: 651-439-0576**

* * * REQUIRED * * *

Disability / Diagnosis: _____

Onset date: _____

Reason for referral: _____

If interpreter services are necessary, which language: _____

Physician signature: _____

Print physician name: _____ Date: _____