

CARES THERAPY CLINIC PATIENT REFERRAL FORM

CARES Therapy Clinic is student managed and staffed non-profit organization that provides free occupational, physical, and speech therapy services to adults without health insurance.

We see clients two nights per week from 6-8pm: Tuesday for ortho diagnoses and Wednesday for neuro diagnoses.

Request for Physical Therapy or Occupational Therapy
Letter of Medical Necessity

Date of Request: ___/___/___

Patient Name: _____ Patient Phone Number: _____

Patient Address: _____ Patient Date of Birth: _____

Referring Clinic, Physician and/or Medical Student/Physician's Assistant Student:

Referral for: [] Physical Therapy [] Occupational Therapy [] Speech Therapy

Duration of treatment, to be determined by therapist, for a maximum 365 days? [] Yes [] No

If No, Duration of treatment: _____

NOTE: Frequency of treatment will be a maximum of once per week due to CARES Clinic hours

- [] Evaluate and Treat
[] Exercise Program: Range of Motion, Strengthening, Joint Mobilization
[] Modalities: Ultrasound, Electrical Stimulation, Moist Heat/Cryotherapy, TENS
[] Adaptive Equipment: Orthotics, Bracing, Taping
[] Assistance with self care and daily activities

Medical Diagnosis: _____

Special Treatment Considerations: _____

Physician/SMD/SPA Signature:

Name printed:

Physician/Clinic Contact Number:

Fax number:

To schedule an appointment at CARES Clinic Downtown:

Phone: 843.792.8019

Fax: 843-792-2829

CARES Clinic Downtown is located in the Rutledge Garage on Ashley Avenue.
158 Ashley Ave
Charleston, SC
29425