

## 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:			
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 m	naximum of once per week due to CARES Clinic hours
$\square$ Evaluate and Treat			
Exercise Program: Range of Mo	otion, Strengthening, Joint Mobilization		
☐ Modalities: Ultrasound, Electric	cal Stimulation, Moist Heat/Cryotherapy, TENS		
☐ Adaptive Equipment: Orthotics	, Bracing, Taping		
☐ Assistance with self care and d	aily activities		
Medical Diagnosis:	<del></del>		
	<del></del>		
Physician/SMD/SPA Signature:	<del></del>		
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