GALAXY
BRAIN AND THERAPY CENTER

Are you ready to life your best life?

www.galaxybraincenter.com
info@galaxybraincenter.com

Client Name: _____ **DOB**: _____

Diagnosis: _____ **ICD-10**: _____

Precautions: _____

☐ **Concussion Clinic Evaluate & Treat**
- o OT o PT o SLP

☐ **COVID Protocol/Therapy**
- o OT o PT o SLP

☐ **Speech Therapy Evaluate & Treat**
- o Dysphagia/Swallowing
- o Post-Concussion Protocol/Therapy
- o Voice
- o Executive Functioning
- o Mild Cognitive Impairment
- o Attention
- o Memory
- o Aphasia
- o Fluency
- o LSVT LOUD
- o AAC
- _____

☐ **Physical Therapy Evaluate & Treat**
- o Balance
- o Fall Risk Assessment
- o Gait Training
- o HEP
- o Modalities/Manual Therapy
- o Post-Concussion Protocol/Therapy
- o Soft Tissue Mobilization
- o Strengthening
- o Vestibular/balance
- o Wheelchair Seating Evaluation
- o Prosthetic Training
- o Visual Motor Integration
- o Transfer Training/Functional Mobility
- o PWR! for Parkinson's

☐ **Occupational Therapy Evaluate & Treat**
- o ADL/IADL
- o Home Exercise Plan
- o Manual Therapy
- o MNRI Reflex Integration
- o Neuromuscular Re-Ed/Therapeutic Exercise
- o Post-Concussion Protocol/Therapy
- o Whole Brain Exercise
- o Attendant Care Assessment
- o Desensitization/Sensory Integration
- o Executive Functioning
- o Community Reintegration
- o Home Organizational Strategies
- o Fine/Gross Motor Coordination
- o Visual Motor Integration
- o Functional Mobility/Safety
- o Technology Training
- o Prevocational Skill Training
- o _____

☐ **Clinical Social Worker Evaluate & Treat**
- o Psychotherapy o Individual
- o EMDR o Family
- **o** CBT o Couples

☐ **Group Therapy (OT/PT/SLP/MSW)**
- o Communication Group
- o Brain-Body-Balance
- o Art Exploration
- o _____

☐ **Massage Therapy**

☐ **Cranial Sacral/ Myofascial Release (PT/OT**

Location: __ Clinic __Teletherapy __Community (therapist mileage and drive time is medically necessary)

Frequency: _____x/week **Duration**: for _____ weeks

Physician Signature: _____ **Date**: _____

Please fax this prescription for medically necessary services to **734-433-1989**. THANK YOU!