



**Foley Hand Therapy, LLC, Dolly Foley, OTR/L, CLT**

3221 Waialae Avenue, Suite 360, Honolulu, Hawai'i 96816

Ph. (808) 732-7744 Fax. (808) 732-7766

**Occupational Therapy Prescription/Referral**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ PH: \_\_\_\_\_

Physician: \_\_\_\_\_ DOS: \_\_\_\_\_ DOI: \_\_\_\_\_

Diagnosis/ ICD – 10: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary: \_\_\_\_\_

Frequency & Duration: \_\_\_\_\_

Special Instructions/Precautions: \_\_\_\_\_

\_\_\_ Evaluation and Treatment

\_\_\_ Lymphedema/Edema Therapy:

\_\_\_ UE/Quadrant: Right/ Left \_\_\_ LE/Quadrant: Right/Left

\_\_\_ Hand Therapy/Upper Extremity Therapy: Right/Left

\_\_\_ Splinting

\_\_\_ Pain/Edema Management

\_\_\_ Therapeutic Exercise/Strengthening/ROM

\_\_\_ Fine/Gross Motor Coordination

\_\_\_ Education: Energy Conservation, Joint Protection, Body Mechanics

\_\_\_ Other (modalities etc.)

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

Please sign, date and return. Thank you for this referral! Fax: 808-732-7766