

Already have a prescription for a low back pain assessment? **SCHEDULE YOUR ASSESSMENT NOW.**

Three easy ways to schedule:

- visit beaumont.org/lbp
- through your *myBeaumontChart* account
- call 248-655-3191

Starting is easy.

- we will verify your insurance and obtain an insurance authorization if needed
- early morning and evening appointments available
- ask about virtual assessments



Prescription – Low Back Pain Assessment

Patient name _____ Date of birth _____

Diagnosis _____ Precautions _____

Physical therapy Occupational therapy

Evaluate, develop and implement a plan of care

___ manual therapy

___ self care

___ core strengthening

___ therapeutic exercise

___ activities of daily living

___ core stabilization

___ neuromuscular re-education

___ home management training

___ home exercise program

___ therapeutic activities

___ patient education/counseling

___ modality procedures

Frequency: _____ x per week

Duration: _____ weeks

Physician's printed name

Physician's signature

Date

I certify that I have examined the patient and physical or occupational therapy is necessary and the services will be furnished while the patient is under my care.