Hopkins
Phone: 952-933-5085
Fax: 952-931-2159
CA@HopkinsWellness.com
15 8th Avenue North
Hopkins, MN 55343

DYNAMIC MEDICAL REHABILITATION

Woodbury
Phone: 651-621-8803
Fax: 651-757-4099
CA@dmrwoodbury.com
1687 Woodlane Drive, #201
Woodbury, MN 55125

Name: _____ Date of Birth: _____ Onset/DOI: _____ Insurance: _____

Diagnosis: _____ Phone Number: _____ Dx Code: _____

Collaborative Directives: _____

_____

Medical Management

Medical Management

- ☐ PT/Rehab Evaluation
- ☐ Pain Management Evaluation
- ☐ Therapeutic Injection Evaluation

Type: _____

Directives: _____

_____

Diagnostic Imaging

☐ X-rays ☐ MRI ☐ Other: _____

Area/Views: _____

_____

Other Medical Procedures

- ☐ Behavioral Health
- ☐ Bracing

Area: _____

- ☐ Neuropathy/Scrambler Evaluation
- ☐ Medical Rehab

Directives: _____

This referral and form is a Prescription and a Statement of Medical Necessity and is valid with any licensed physician in Minnesota. **Referring Provider's Name:** _____

Signature: _____ **Date:** _____ **Clinic:** _____ **Fax:** _____

Physical Therapy & Sports Rehabilitation

☐ Evaluate & Treat Frequency: _____/wk Duration: _____ Weeks Total Visits: _____

Exercise/Fitness

- ☐ Posture/Body Mechanics
- ☐ Stretching/Flexibility
- ☐ Stabilization/Strengthening
- ☐ Proprioception/Balan
- ☐ Home Exercise Program

Manual Therapy

- ☐ Soft Tissue Mobilization
- ☐ Active Release Therapy (ART)
- ☐ Craniosacral Therapy
- ☐ Myofacial Release
- ☐ Deep Tissue Release

Modalities

- ☐ Cold Laser
- ☐ Traction ☐ Cervical ☐ Lumbar
- ☐ Ultrasound
- ☐ Game Ready
- ☐ Kinesiotaping

Other: _____

DMR Method Protocols

☐ **Lumbar** ☐ **Cervical** ☐ **Other:** _____

- ☐ Limited: strain/sprains, non-radicular pain, sports injuries
- ☐ Progressed: facet syndrome, sciatica, headaches, cervicobrachial pain
- ☐ Advanced: disc herniation, spondylolisthesis, stenosis, DDD, FBSS

Special instructions: _____

Braces, Supports, Medical Supplies

- ☐ Brace/Support: _____
- ☐ LSO Back Brace
- ☐ Tens Unit
- ☐ Orthotics
- ☐ Home Traction ☐ Cervical ☐ Lumbar

Other: _____

Other Services

- ☐ **Chiropractic Evaluation and Treatment**
- ☐ **Massage Therapy**
  - ☐ Deep Tissue ☐ Sports ☐ Myofacial ☐ Craniosacral
- ☐ **Acupuncture** ☐ **Dry Needling**

Area: _____

This form is a Prescription and a Statement of Medical Necessity and is valid with any licensed medical provider, physical therapist, chiropractor, massage therapist or acupuncturist in Minnesota.

Physician Name: _____

Signature: _____ **Date:** _____

Clinic: _____ **Fax:** _____