



MONARCH PAIN CARE & REHABILITATION CENTER

Our mission is to provide coordinated interdisciplinary services designed to improve the functioning of patient's dealing with pain through rehabilitation.

www.monarchpain.com

admin@monarchpain.com

REFERRAL FORM

Patient: _____ Date of Injury: _____

Diagnosis/Area to be treated: _____

REHABILITATION

PHYSICAL THERAPY - Comments: _____

- | | |
|---|----------------------------|
| _____ Evaluation and Treatment | _____ Kinetic Activity |
| _____ Therapeutic Exercises Strengthening | _____ Hot Pack |
| _____ Stretching | _____ Cold Pack |
| _____ ROM | _____ Ultrasound |
| _____ Trunk Stabilization | _____ Electric Stimulation |
| _____ Gait Training | _____ Iontophoresis |
| _____ Other _____ | |

Frequency _____ Daily _____ TIW _____ BIW For _____ weeks

- FUNCTIONAL CAPACITY EVALUATION (FCE)
- WORK CONDITIONING PROGRAM (6-8 Hrs. a day for 4-8 weeks)
- WORK HARDENING PROGRAM (Full day 4-8 weeks)
- EMG _____ UPPER _____ LOWER
- NCV _____ UPPER _____ LOWER

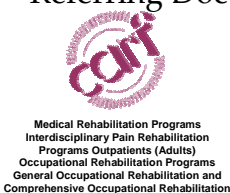
MEDICAL/BEHAVIORAL SERVICES

- CHRONIC PAIN MANAGEMENT EVALUATION
- MULTIDISCIPLINARY CHRONIC PAIN PROGRAM (Physical Conditioning, Behavioral, Medication Monitoring, Outpatient Program, daily for 4-6 week)
- LOWER LEVELS OF CARE (Individual therapy, Groups, Biofeedback and Medication Monitoring, Outpatient Program, 2 times a week for 4-6 week in Acute and Sub-Acute Stages)
- PSYCHOLOGICAL TESTING
- MEDICATION MONITORING (Acute and Sub-Acute Stages Only)

I certify that the above treatments are **medically necessary** to comprehensively evaluate this patient and/or treat the patient's symptoms that are interfering with the ability to complete the rehabilitation process and/or return the work.

Referring Doctor Name: _____

Referring Doctor Signature: _____ Date: _____



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 5151 Katy Freeway Ste. 305
 Houston, TX 77007
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 📠 713-880.0800

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 Houston, TX 77036
 ☎ 713-779.4772
 📠 713-779.0551

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 Houston, TX 77084
 ☎ 281-492.2828
 📠 281-492.2825

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 4950 Spencer Highway Ste. F
 Pasadena, TX 77505
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