



**Health First
PROVIDER**

MELBOURNE
Melbourne Financial Center
1990 W New Haven Ave, #105
Melbourne, FL 32904
Phone: 321-768-6119
Fax: 321-768-1710

PALM BAY
Palm Bay Marketplace
Shopping Center
5270 Babcock St. NE, #9
Palm Bay, FL 32905
Phone: 321-726-4150
Fax: 321-726-4152

INDIALANTIC
Village Shoppes of
Paradise Beach
2386 N HWY A1A
Indialantic, FL 32903
Phone: 321-773-1778
Fax: 321-773-1737

SUNTREE
Park Place at Suntree
7640 N Wickham Rd, #107
Melbourne, FL 32940
Phone: 321-768-6119
Fax: 321-768-1710

Patient's Name: _____ Phone #: _____

Physician: _____ Date: _____

Diagnosis: _____ ICD Code: _____

Surgery: _____ Sx Date: _____

Physical Therapy
EVALUATE AND TREAT

- Cervical
- Shoulder
- Elbow
- Thoracic
- Lumbar
- Hip
- Knee
- Ankle
- Foot

Occupational Therapy
EVALUATE AND TREAT

- Shoulder
- Elbow
- Wrist
- Hand
- Custom Splinting

Respiratory Therapy
EVALUATE AND TREAT

- Breathing Retraining
- Strength/Endurance
- Patient Education

Speech Therapy
EVALUATE AND TREAT

Spine Management Program

Vestibular Rehab Program

Gait and Balance Program

Yoga Therapy

Chiropractic

Acupuncture

Massage

Psychology
EVALUATE AND TREAT

Other:

Frequency of Treatment: As Needed Two times a week Three times a week

Duration: _____ weeks.

My signature on this form authorizes this treatment as Medically Necessary:

Physician's Signature: _____ Date: _____