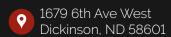
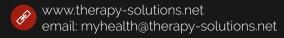


Physician Signature:

**Office** 701.483.1000 Fax 701.483.1001





MENTAL HEALTH COUNSELING · SPEECH THERAPY · PHYSICAL THERAPY · OCCUPATIONAL THERAPY · PEDIATRICS

INEKAPT REFERRAL		
Name:	Phone:	Date:
D.O.B.:	Diagnosis:	
Precautions:	Insurance:	
Frequency & Duration: • Therapist D	Discretion • 1x/week • 2x/week • 3x	<pre></pre>
O Evaluation/Treatment:		
<ul> <li>PHYSICAL THERAPY/OCCUPATIONAL THERAPY</li> <li>Traction, Mechanical</li> <li>Electrical Stimulation</li> <li>Ultrasound/Phonophoresis</li> <li>Iontophoresis</li> <li>Vasopneumatic Devices</li> <li>Lymphedema Therapy</li> <li>Manual Therapy/Massage</li> <li>Women's Health</li> <li>Exercise</li> <li>Therapeutic Activity</li> <li>Gait Training</li> <li>Aquatic Therapy</li> <li>Hand Therapy</li> </ul>	<ul> <li>○ MENTAL HEALTH COUNSELING</li> <li>○ Family Therapy</li> <li>○ Couples</li> <li>○ Individual</li> <li>○ ADHD Management</li> <li>○ Grief Counseling</li> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Trauma (PTSD)</li> <li>○ Bal-A-Vis-X Techniques</li> <li>○ Play Therapy Techniques</li> <li>○ EMDR</li> <li>○ Other</li> </ul>	<ul> <li>O PEDIATRICS</li> <li>O Speech &amp; Language Delay</li> <li>O Fine Motor Delay</li> <li>O Gross Motor Delay</li> <li>O Toe Walking</li> <li>O Sensory Integration Delays</li> <li>O Assistive Technology</li> <li>O Swallow / Feeding</li> <li>O Visual Motor Delay</li> <li>O Torticollis</li> <li>O Attention Issues / Disorders</li> <li>O Self-Care Delays</li> <li>O Drooling (Open Mouth Posture)</li> <li>O Other</li> </ul>
<ul> <li>Splint/Orthodic Fabrication</li> <li>Neuro Re-Education / Stroke Rehab</li> <li>Strain Counter Strain</li> <li>Chronic Pain</li> <li>Dry Needling</li> <li>Balance Training</li> <li>Dizziness / Vertigo</li> <li>Return to Work</li> <li>Functional Capacity Evaluation</li> <li>Work Simplification Techniques</li> <li>Other</li> </ul>	<ul> <li>○ SPEECH THERAPY</li> <li>○ Expressive Aphasia</li> <li>○ Receptive Aphasia</li> <li>○ Dysphagia</li> <li>○ Lee Silverman Voice Treatment (LSVT)</li> <li>○ Vital Stim</li> <li>○ Frazier Water Protocol</li> <li>○ Dysarthria</li> <li>○ Other</li> </ul>	COMMENTS

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