

# thrive

## OT YOUR WAY

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AL OT License 1217

### PATIENT INFORMATION

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_  
Patient Phone \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Reason for Referral \_\_\_\_\_ ICD-10 \_\_\_\_\_

### OCCUPATIONAL THERAPY EVAL AND TREAT AS INDICATED

I hereby certify that these services as medically necessary for this patient's plan of care.

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFERRING PROVIDER INFORMATION

Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

### ABOUT THRIVE OT YOUR WAY

We provide mobile, home-based and community-based occupational therapy across Auburn and Opelika to help adults live safely, confidently and independently at home and beyond.

#### **Our VALUES:**

***Joy & Engagement - Compassion - Collaboration - Personalization - Evidenced Practice***

### THRIVE OT YOUR WAY

Serving Auburn and Opelika Alabama

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