WashU Medicine

Occupational Therapy


Washington University and
Barnes Jewish Orthopedic Center

14532 South Outer Forty Road,
Chesterfield, MO

Fax: (314) 514 - 3635

Center for Advanced
Medicine

4921 Parkview Place,
St. Louis, MO 63110

Fax: (314) 747 - 3662

Occupational Therapy
Washington Clinic

1631 A. Roy Drive
Washington, MO 63090

Fax: (314) 627 - 7219


Patient Name _____

Date of Birth _____ Phone # _____

Diagnosis _____ ICD-10 code(s) _____

Surgery _____

Date of Surgery _____ Date of Onset _____

---

**Hand Therapy (OT/PT)**

Frequency/Duration: _____ Next MD visit _____

Specifications:

□ Evaluate and Treat as Necessary _____

□ AROM □ PROM □ Strengthening _____

□ Edema Management □ Wound Care _____

Restrictions: _____

Orthosis Specifications: _____

Purpose of Orthosis: _____

---

**MD Signature/Print:** _____

MD phone number: _____

Fax number for progress notes and items requiring MD signature: _____