

Winter Health and Wellness Afton Alternative Associates

Helping You Take Control of your Health and Providing you the Tools to Achieve
This Goal

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Patient Name: _____

Diagnosis: _____

Date of Birth: _____ Patient Home Phone: _____

Patient Insurance: Medicare Blue Cross Medicaid Other _____

Functional Problems

Difficulty in ambulation Weakness ADL Deficits
 Balance Coordination Problems Cognitive Impairment Injury
 Other _____

Prescription

Occupational Therapy Evaluate and Treat Manual Therapy/Joint Mobilization
 Occupational Therapy Evaluation only Coordination and Balance Re-Education
 Gait Training Strengthening/Range of Motion
 Counseling Evaluation and Treat Counseling Evaluation only
 Other _____

Frequency of Therapy _____ Duration of Therapy _____

I certify the need for these services furnished under this plan of treatment and while under my care.

Physician Signature:

Physician Phone:

Physician UPIN:

Physician Clinic and Address: _____

Winter Health and Wellness---Helping You Take Control of your Health

Serving Sawyer, Rusk and Washburn Counties in Wisconsin.

Therapy services are provided in home or office at a time convenient to each patient.

At Winter health and Wellness, our patients are not required to be home bound and may merely prefer to be cared for in the convenience, comfort and safety of their home

