

St. Clair County Community Mental Health
Review of OT/PT Services (Medicare only)

Name: _____ Case #: _____ Date: _____

Axis III Dx/Impairment: _____

Frequency of treatment: _____

Service Provided/Rationale:

- 97530 Therapeutic activities of a functional quality to improve functional performance in a progressive manner:
- 97110 Therapeutic exercise (Active/Passive ROM, strengthening) to improve the ability to complete ADL's.
- 97533 Sensory based interventions to improve the person's ability to make adaptive sensory, motor and behavioral responses to environmental demands.
- Other _____

Progress to date/Estimate length of treatment: _____

Occupational Therapist Signature: _____ Date: _____
(Occupational Therapist Signature/Credentials)

Recommendations: Continue Discontinue

Comments: _____

Physician Signature: _____ Date: _____
(Physician Signature/Credentials)