

Epic Database Forms

Inpatient Consult Physical Therapy

Inpatient consult to LHH physical therapy - Eval and treat ✓ Accept ✗ Cancel

Priority: Routine

Frequency: **Until therapy completed**
At
 Today Tomorrow

Which interventions are you requesting?
 Eval and treat Home evaluation Falls risk screen Community reintegration Caregiver/family training
 Restorative care program Aquatic therapy Other (please specify)

Comments: abc ? + 100%

Next Required Link Order ✓ Accept ✗ Cancel

Total acetaminophen not to exceed 4 gm/d

Inpatient Consult Occupational Therapy

Inpatient consult to LHH occupational therapy - Eval and treat ✓ Accept ✗ Cancel

Priority: Routine

Frequency: **Until therapy completed**
At
 Today Tomorrow

Which interventions are you requesting?
 Eval and treat Joint mobility Adaptive equipment Upper extremity splint Upper extremity strengthening
 Community reintegration Caregiver/family training Cognitive/perceptual evaluation Home evaluation
 ADL training Restorative care program Psychosocial group assessment Wheelchair evaluation
 Other (please specify)

Comments: abc ? + 100%

Next Required Link Order ✓ Accept ✗ Cancel