

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

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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: \_\_\_\_\_

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Occupational Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Occupational Therapist Signature/Credentials)

Recommendations: ☐ Continue ☐ Discontinue

Comments: \_\_\_\_\_

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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician Signature/Credentials)