

INSTRUCTIONS
DHS 1147c & FILL IN FORM 1147c

**PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT),
AND SPEECH THERAPY (ST) REPORT**

General Instructions for the fill in form: Navigate through the form by tabbing or clicking on the boxes or shaded areas, shift + tab to move backward. To fill in the check box, utilize the space bar, enter key or use the mouse to expose the hand/pointer and right click on the box. Enter the dates in mm/dd/yyyy, example: 07/01/2005.

Name, Birthdate, Date: Self-explanatory

Restorative Therapy(ies) being considered:

Therapy is “restorative” when it is medically necessary and there is a significant likelihood that the therapy will restore or improve functions(s) and improve the person’s ability to perform activities of daily living (ADL). If more than one therapy is being requested and the goals, anticipated period of time therapy is needed, effective dates of therapy, etc. vary significantly, an 1147c form for *each therapy* must be sent.

Primary diagnosis or medical condition for which the therapy(ies) is/are to be provided:

State the primary diagnosis or medical condition for which the therapy(ies) are indicated. Examples: fracture of left hip; below knee amputation, etc.

List applicable secondary diagnosis(es):

List diagnosis(es) and medical condition(s) that contribute to the understanding of the patient’s rehabilitative needs. Examples: for fracture of left hip; applicable secondary diagnoses can be osteoporosis or stress fractures.

List the 3 main goals of therapy:

Clearly list no more than the three (3) most important, realistically achievable short-term rehabilitative goals.

Anticipated period of time therapy is to be provided: (Self-explanatory)

Check ALL that apply: (Self-explanatory)

Additional justification for restorative therapy:

Additional clinical information should be provided if the therapist does not feel that the answers given above clearly justify a person’s need for restorative PT, OT, or ST.

Recommended effective dates of restorative therapy:

Medicaid will provide the effective dates of restorative therapy. For patients covered by both Medicare and Medicaid, if restorative therapy is covered under Medicare, this form is not needed unless therapy beyond the period covered by Medicare is being requested.

Print Name and Title, Signature, Date:

The form should be completed, signed and dated by a therapist (PT, OT, ST).