

Compensation for Occupational Injuries and Disease Act, 1993 (Act No. 130 of 1993)

PHYSIOTHERAPIST'S MOTIVATION FOR MORE THAN ONE PHYSIOTHERAPY TREATMENT PER DAY

Date: _____

Patient Name : _____

Referring Doctor: _____

Identification No: _____

Date of Injury : _____

Claim No : _____

Diagnosis : _____

Reason for B.D physiotherapy

- ☐ Deterioration / Alteration in Patient's Respiratory Condition.
- ☐ Poor Mobility, Reduced Musculo – Skeletal Strength, Decrease Range of Movement and / or Reduced Exercise Tolerance.
- ☐ Gait difficulties – including poor balance and coordination.
- ☐ Complicated Medical case with multiple injuries
- ☐ General deterioration of the patient's condition.
- ☐ Requiring maximal assistance (usually 2 physiotherapists) with Activities of Daily Living / Physiotherapy in order to regain Functional Independence due to his Condition/diagnosis.
- ☐ Other – please specify: _____

Physiotherapist: _____ **Signature:** _____