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OT Worksheet Page 2 Of 2 Revised 03/2010 Rehabilitation History No Prior Therapy (PT, OT, SLP) Appears To Have Been Provided In The Past 12 Months Or The Patient Has Received ___ PT __ OT __ SLP In The Last 12 Months For The ___ Current Or A ___ Previous Condition Describe: _Provide Details Of Prior Therapy And Diagnosis If Known. Mar 9th, 2024

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