



## OUTPATIENT REHABILITATION SUPPLEMENTAL APPLICATION

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

**Instructions:**

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.

1. **Name of Applicant:** \_\_\_\_\_

2. **Type of Services that provided at the facility:**

Therapies	Annual Percent of Total Services	Annual Number of Projected Outpatient Visits
Aquatic Therapy	%	
Athletic Training	%	
Behavioral Health / Psychological	%	
Cognitive Therapy	%	
Driving, Adaptive	%	
Hippotherapy	%	
Occupational Therapy	%	
Orthotics / Prosthetics	%	
Physical Therapy	%	
Prosthetics / Orthotics	%	
Recreation Therapy	%	
Sexuality	%	
Social Services	%	
Speech / Language / Audiology	%	
Sports Medicine	%	
Vocational Training	%	
Other (describe):	%	
Other (describe):	%	
<b>TOTAL:</b>	%	

What percentage of therapies provided are diagnostic? \_\_\_\_\_%

**Clinical Specialties** (must equal 100%):

Specialty	Percent
Cardiac	%
Hand	%
Incontinence	%
Multiple Sclerosis	%
Neurorehabilitation	%
Orthopedic	%
Parkinson's Disease	%
Pulmonary	%
Spine	%
Stroke	%
Traumatic Brain Injury	%
Vestibular Therapy	%
Other (describe):	%
Other (describe):	%
<b>TOTAL:</b>	%

**3. Pools – Does the organization use a pool?**

yes  no

If "yes" complete the following:

- a. Is the pool owned by the applicant?  yes  no
- b. Is a certified lifeguard present?  yes  no
- c. Is the area secured when pool is not in use?  yes  no
- d. What is the depth of the pool? \_\_\_\_\_ ft
- e. Is there an emergency call system in close proximity?  yes  no
- f. Is the swimming pool inside or outside?  inside  outside
- g. How is access controlled? \_\_\_\_\_
- h. Are employees permitted to use the pool?  yes  no  
 If "yes", is a certified lifeguard present when employees use the pool?  yes  no

**4. Cardiac Rehabilitation** (Complete if Level/Phase II Cardiac Rehabilitation services are provided)

- a. Are AACVPR guidelines followed by the organization?  yes  no
- b. Is a physician available on the premises when program is in operation?  yes  no
- c. Are patients screened with a stress test?  yes  no
- d. Are all exercises prescribed by a physician?  yes  no
- e. Is staff certified in BLS and ACLS?  yes  no
- f. Is emergency equipment (defibrillator, O2, emergency medications) present?  yes  no
- g. Is emergency equipment checked monthly?  yes  no
- h. Are there written emergency protocols?  yes  no
- i. Are mock code drills conducted?  yes  no
- j. Are employees permitted to use the exercise equipment?  yes  no



**5. Policies and Procedures**

- a. Are all policies and procedures reviewed and authorized in writing by management at least annually?  yes  no.
- b. Is there a written policy for patient positioning?  yes  no.
- c. Are written home exercise instructions provided to the patient with copies maintained in the medical record and provided to all patients?  yes  no.
- d. Is a physician's order/prescription required for all therapies?  yes  no.  
If "no" explain: \_\_\_\_\_
- e. Is written consent required before a patient begins therapy?  yes  no.

---

**AUTHORIZATION**

---

**Signature in full**

**Date**

---

**Name - please print**

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies. CNA is a registered service mark and trade name of CNA Financial Corporation**