

REHABILITATION REFERRAL FORM

Must be completed by a physician.

Completed form can be printed and faxed to 715-284-1398 or hand carried by the patient.

Verbal Order Date: Order Taken From: Order Taken By:

Name: BD:
MR: Phone:
Healthcare Provider

- Occupational Therapy Evaluation & Tx Physical Therapy Evaluation & Tx Speech Therapy Evaluation & Tx

Diagnosis:

Precautions:

SPECIAL EVALUATIONS

- Functional Capacity Evaluation
- Job Site Analysis
- Return to Work Recommendations
- Oral/Motor
- Voice/Cognitive
- Expressive/Receptive Language
- Developmental

SPECIAL TREATMENT PROGRAMS

- Vestibular Rehab
- Work Conditioning
- Lymphedema Management
- Fall Risk Assessment

THERAPEUTIC PROCEDURES

- Manual Therapy
- Edema Management
- Desensitization
- Scar Management
- Wound Care/Debridement
- Sensory Re-education
- Neuromuscular Re-education
- Joint Protection/Energy Conservation
- Body Mechanics
- ADL Training/Adaptive Equipment
- Prosthetic Training
- Gait Training
- TENS Instruction & Dispensing

SPECIAL EVALUATIONS

- Gait
- ROM
- Passive Active Active Assistive
- Strengthening
- Isometric Isotonic
- Home Program
- Coordination/Stabilization

ORTHOTICS/PROSTHETICS

- Splinting
- Static Dynamic
- Brace Fitting
- Foot Orthotics

Other:

Referring Physician (PRINT) Referring Physician Signature Date: