

PHYSICAL MEDICINE AND REHABILITATION REFERRAL FORM



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

Name _____	Phone: _____
DOB: _____	MR: _____ Physician: _____

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

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
- Dysphagia
- Expressive/receptive language
- Developmental

SPECIAL TREATMENT PROGRAMS

- Vestibular rehab
- Work conditioning
- Lymphedema management
- Fall risk assessment
- LSVT BIG & LOUD®

THERAPEUTIC PROCEDURES

- Manual therapy
- Edema management
- Wound care/debridement
- Sensory re-education
- Neuromuscular re-education
- Body mechanics
- ADL training/adaptive equipment
- Prosthetic training
- Gait training
- Pain Education
- Dry Needling

THERAPEUTIC EXERCISE

- Gait
- ROM _____
(____passive ____active ____active assistive)
- Strengthening (____ Isometric____ Isotonic)
- Home program
- Coordination/stabilization

ORTHOTICS/PROSTHETICS

- Splinting _____static _____dynamic
- Brace fitting
- Other _____

Other: _____

Referring Physician (PRINT)

Referring Physician Signature

Date