

Outpatient Referral Form
Rehabilitation Medicine Department

Phone: (603) 650-5978

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Physician Connection Line: 866-DHMC DOC
(603) 653-1999

Patient Name: _____

MRN: _____

DOB: _____

Phone: _____

Diagnosis/Reason for Referral: _____

REFERRING PROVIDER: _____

Referring Provider Signature: _____ Date: _____

Contact person: _____

Address: _____

Office phone: _____ Office fax: _____

OCCUPATIONAL THERAPY

- Eval & TX
- Instructions/precautions:

- E Activities of Daily Living
- X Assistive Equipment for Self Care
- A Energy Conservation
- M Cognitive (Eval and Training)
- P Visual/Perceptual (Eval and Training)
- L Splinting
- E Hand/Upper Extremity Rehab
- S Developmental Assessment
- Arthritis Equipment
- Community Re-entry

SPEECH-LANGUAGE PATHOLOGY

- Eval & TX
- Instructions/precautions:

- E Oral Motor/Sensory Assessment
- X Dysphagia
- A Aphasia
- M Cognitive Deficits
- P Laryngectomy
- L Augmentative Communication
- E Non-speech Communication
- S Trachs/Passy Muir Valves
- Voice Disorder
- Infant/Child Feeding
- Child Speech/Language

PHYSICAL THERAPY

- Eval & TX
- Instructions/precautions:

- E ROM
- X Gait Deviation
- A Weakness/Strengthening
- M Balance/Coordination
- P Developmental Delay
- L Functional Mobility
- E Iontophoresis per DHMC Protocol
- S Dex 4%

PHYSICAL THERAPY SPECIALTY PROGRAMS

- | | | | |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Balance & Vestibular | <input type="checkbox"/> FCE | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Pelvic Pain/Incontinence |
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Pool Program | <input type="checkbox"/> Neuro Rehab | <input type="checkbox"/> Worksite Analysis
(DHMC employees only) |