



## THERAPY REFERRAL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_ Insurance: \_\_\_\_\_

Frequency & Duration: ☐ Therapist Discretion ☐ 1x/week ☐ 2x/week ☐ 3x/week ☐ Other: \_\_\_\_\_

☐ Evaluation/Treatment: \_\_\_\_\_

### ☐ PHYSICAL THERAPY/ OCCUPATIONAL THERAPY

- ☐ Traction, Mechanical
- ☐ Electrical Stimulation
- ☐ Ultrasound/Phonophoresis
- ☐ Iontophoresis
- ☐ Vasopneumatic Devices
- ☐ Lymphedema Therapy
- ☐ Manual Therapy/Massage
- ☐ Women's Health
- ☐ Exercise
- ☐ Therapeutic Activity
- ☐ Gait Training
- ☐ Aquatic Therapy
- ☐ Hand Therapy
- ☐ Splint/Orthodic Fabrication
- ☐ Neuro Re-Education / Stroke Rehab
- ☐ Strain Counter Strain
- ☐ Chronic Pain
- ☐ Dry Needling
- ☐ Balance Training
- ☐ Dizziness / Vertigo
- ☐ Return to Work
- ☐ Functional Capacity Evaluation
- ☐ Work Simplification Techniques
- ☐ Other \_\_\_\_\_

### ☐ MENTAL HEALTH COUNSELING

- ☐ Family Therapy
- ☐ Couples
- ☐ Individual
- ☐ ADHD Management
- ☐ Grief Counseling
- ☐ Depression
- ☐ Anxiety
- ☐ Trauma (PTSD)
- ☐ Bal-A-Vis-X Techniques
- ☐ Play Therapy Techniques
- ☐ EMDR
- ☐ Other \_\_\_\_\_

### ☐ SPEECH THERAPY

- ☐ Expressive Aphasia
- ☐ Receptive Aphasia
- ☐ Dysphagia
- ☐ Lee Silverman Voice Treatment (LSVT)
- ☐ Vital Stim
- ☐ Frazier Water Protocol
- ☐ Dysarthria
- ☐ Other \_\_\_\_\_

### ☐ PEDIATRICS

- ☐ Speech & Language Delay
- ☐ Fine Motor Delay
- ☐ Gross Motor Delay
- ☐ Toe Walking
- ☐ Sensory Integration Delays
- ☐ Assistive Technology
- ☐ Swallow / Feeding
- ☐ Visual Motor Delay
- ☐ Torticollis
- ☐ Attention Issues / Disorders
- ☐ Self-Care Delays
- ☐ Drooling (Open Mouth Posture)
- ☐ Other \_\_\_\_\_

### COMMENTS

---

---

---

---

---

---

---

---

---

---

Physician Signature: \_\_\_\_\_