

Rehab Outpatient Referral
Page 1 of 1



Place Patient Label
Inside This Box

Name: _____ Appointment Date & Time: _____

Diagnosis: _____ ICD 10 Code: _____

<p style="text-align: center;">PHYSICAL THERAPY</p> <p><input type="checkbox"/> Evaluation & Treatment as indicated</p> <p><input type="checkbox"/> Hip/Pelvis <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder/Rotator Cuff</p> <p>Specialty Programs/Services</p> <p><input type="checkbox"/> Dry Needling <input type="checkbox"/> Vestibular Rehab</p> <p><input type="checkbox"/> Gait/Balance <input type="checkbox"/> Aquatic Therapy</p> <p><input type="checkbox"/> Concussion Rehab <input type="checkbox"/> OT/PT Wheelchair Clinic</p> <p><input type="checkbox"/> TMJ Rehab <input type="checkbox"/> PT/OT LSVT - BIG</p> <p><input type="checkbox"/> TENS Eval & Application</p> <p>Comments: _____</p>	<p style="text-align: center;">OCCUPATIONAL THERAPY</p> <p><input type="checkbox"/> Evaluation & Treatment as indicated</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Desensitization <input type="checkbox"/> Scar Management</p> <p><input type="checkbox"/> Wound Care <input type="checkbox"/> Range of Motion-Passive/Active/Resistive</p> <p><input type="checkbox"/> Whirlpool/Dressing: _____</p> <p>Splinting</p> <p>Type: <input type="checkbox"/> Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Volar <input type="checkbox"/> Dorsal</p> <p>Description: _____</p> <p><input type="checkbox"/> Lymphedema Management</p> <p><input type="checkbox"/> Neurological Rehabilitation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Dexterity/Coordination <input type="checkbox"/> Neuromuscular Re-education</p> <p><input type="checkbox"/> Arthritis Self Management</p>
<p style="text-align: center;">MODALITIES</p> <p><input type="checkbox"/> Fluidotherapy</p> <p><input type="checkbox"/> Cervical/Pelvic Traction</p> <p><input type="checkbox"/> Paraffin</p> <p><input type="checkbox"/> Anodyne Therapy</p> <p><input type="checkbox"/> Phonophoresis with 10% Hydrocortisone</p> <p><input type="checkbox"/> Iontophoresis with Dexamethasone</p> <p style="padding-left: 20px;">Concentration-4mg/ml</p> <p style="padding-left: 20px;"><input type="checkbox"/> 2cc's/ <input type="checkbox"/> 2.5cc's</p>	<p style="text-align: center;">SPEECH-LANGUAGE PATHOLOGY</p> <p><input type="checkbox"/> Evaluation & Treatment as indicated</p> <p><input type="checkbox"/> Dysphagia (Swallowing)</p> <p><input type="checkbox"/> Modified Barium Swallow Study</p> <p><input type="checkbox"/> Speech/Articulation</p> <p><input type="checkbox"/> Language/Cognition</p> <p><input type="checkbox"/> Laryngectomy</p> <p><input type="checkbox"/> Voice/Fluency</p> <p><input type="checkbox"/> LSVT - LOUD</p>

When You Need Rehab... You Need FirstHealth

FREQUENCY: _____ Duration: _____

NEXT DOCTOR VISIT: _____

PRECAUTIONS/SPECIAL INSTRUCTIONS: _____

Physician Signature: _____ Date/Time: _____

Rehabilitation - Outpatient

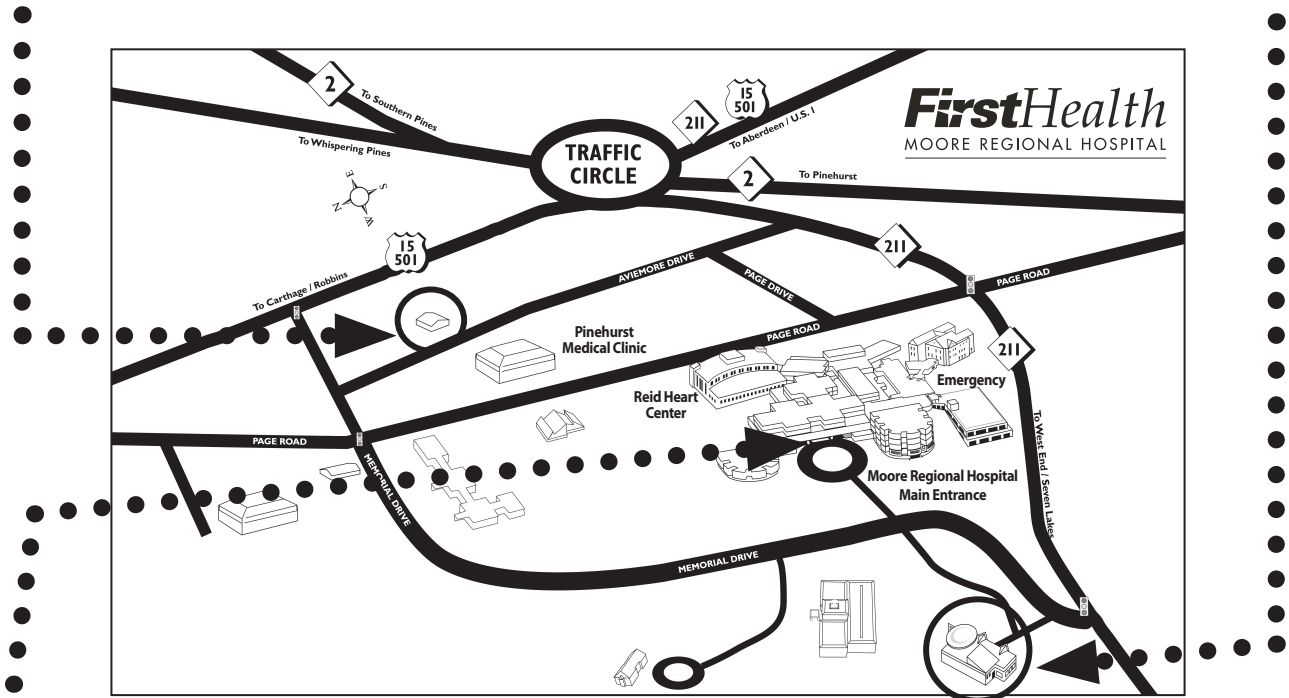
Please check box for appropriate appointment location.

Aviemore Drive – Pinehurst

12 Aviemore Drive • Pinehurst, NC 28374
 Phone: (910) 715-2600 Fax: (910) 715-2620

Moore Rehab – Pinehurst

Located in FirstHealth Fitness-Pinehurst
 170 Memorial Drive • Pinehurst, NC 28374
 Phone: (910) 715-1825 Fax: (910) 715-1858



Wheelchair Seating & Mobility Clinic

Located off the main Moore Regional Hospital lobby
 155 Memorial Drive • Pinehurst, NC 28374
 Phone: (910) 715-3299 Fax: (910) 235-7855

Troy

Located in the Outpatient Entrance of Montgomery Memorial Hospital
 520 Allen Street • Troy, NC 27371
 Phone: (910) 571-5129 Fax: (910) 571-5136

Raeford

Located in FirstHealth Fitness-Raeford
 313 Teal Drive • Raeford, NC 28376
 Phone: (910) 904-7407 Fax: (910) 904-7425

Richmond

Located in FirstHealth Fitness-Richmond
 120 Richmond Memorial Drive
 Rockingham, NC 28379
 Phone: (910) 410-9539 Fax: (910) 410-0376

Sanford

Located in FirstHealth Fitness-Sanford
 2925 Beechtree Drive • Sanford, NC 27330
 Phone: (919) 774-1595 Fax: (919) 774-0990