

Rehabilitation - Outpatient



6300.03.9064.13 Sunset Date: 5/2022

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 <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 <input type="checkbox"/> Gait/Balance <input type="checkbox"/> Aquatic Therapy <input type="checkbox"/> Concussion Rehab <input type="checkbox"/> OT/PT Wheelchair Clinic <input type="checkbox"/> TMJ Rehab <input type="checkbox"/> PT/OT LSVT - BIG <input type="checkbox"/> TENS Eval & Application <input type="checkbox"/> FCE Functional Capacity Evaluation </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 <input type="checkbox"/> Desensitization <input type="checkbox"/> Scar Management <input type="checkbox"/> Wound Care <input type="checkbox"/> Range of Motion-Passive/Active/Resistive <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 <input type="checkbox"/> Neurological Rehabilitation <input type="checkbox"/> Dexterity/Coordination <input type="checkbox"/> Neuromuscular Re-education <input type="checkbox"/> Arthritis Self Management </p>
<p style="text-align: center;">MODALITIES</p> <p> <input type="checkbox"/> Fluidotherapy <input type="checkbox"/> Cervical/Pelvic Traction <input type="checkbox"/> Paraffin <input type="checkbox"/> Anodyne Therapy <input type="checkbox"/> Phonophoresis with 10% Hydrocortisone <input type="checkbox"/> Iontophoresis with Dexamethasone Concentration-4mg/ml <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 <input type="checkbox"/> Dysphagia (Swallowing) <input type="checkbox"/> Modified Barium Swallow Study <input type="checkbox"/> Speech/Articulation <input type="checkbox"/> Language/Cognition <input type="checkbox"/> Laryngectomy <input type="checkbox"/> Voice/Fluency <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

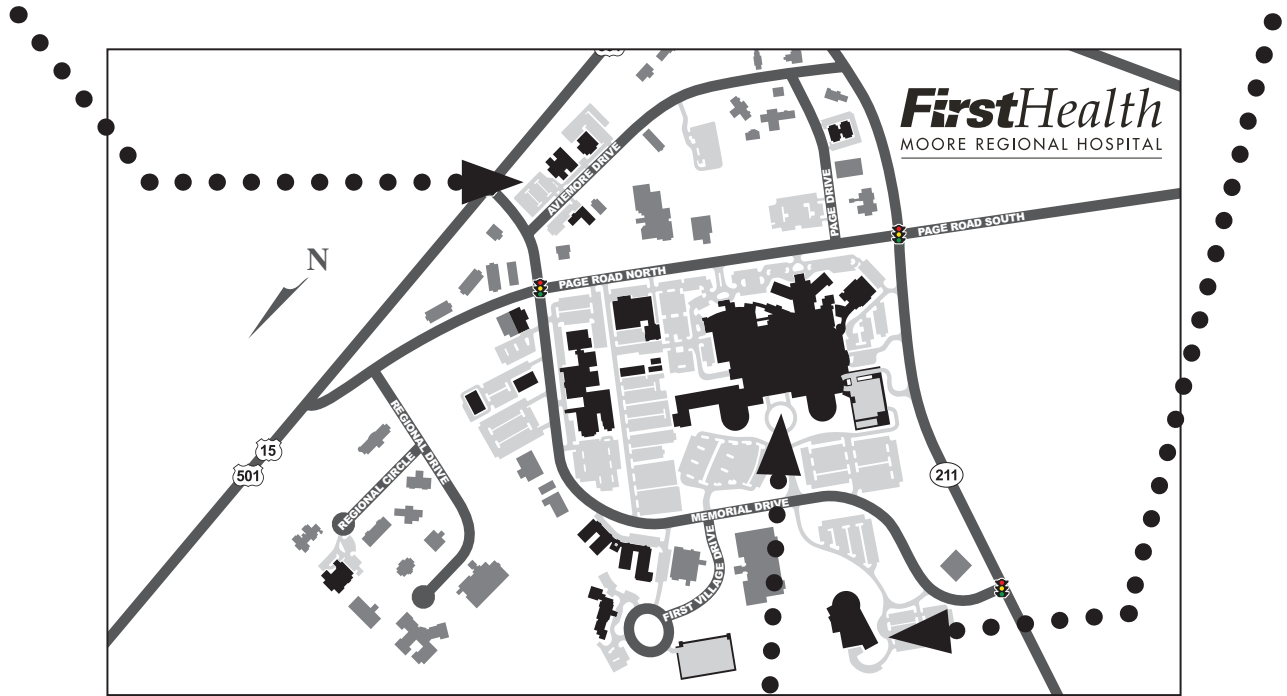
Please check box for appropriate appointment location.

Aviemore Drive – Pinehurst

12 Aviemore Drive • Pinehurst, NC 28374
Phone: (910) 715-2600 Fax: **(910) 235-7863**

Moore Rehab – Pinehurst

located in the Center for Health & Fitness-Pinehurst
170 Memorial Drive • Pinehurst, NC 28374
Phone: (910) 715-1825 Fax: **(910) 235-7866**



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) 235-7810**

Raeford

Located in the Center for Health & Fitness – Raeford
313 Teal Drive • Raeford, NC 28376
Phone: (910) 904-7407 Fax: **(910) 235-7811**

Richmond

Located in the Center for Health & Fitness – Richmond
120 Richmond Memorial Drive
Rockingham, NC 28379
Phone: (910) 410-9539 Fax: **(910) 235-7827**

Sanford

Located in FirstHealth Fitness
2925 Beechtree Drive, Sanford, NC 27330
Phone: (919) 774-1595 Fax: **(910) 235-7859**