



Rehabilitation Services Referral

Patient Name:

Phone: () -

DOB: / / SSN - -

Insurance: ID#: Group#:

Diagnosis:

ICD 10: Onset date: / /

MD UPIN:

Frequency: _____ times per week for _____ weeks

Patient Follow-up with MD on: / / ; or in _____ weeks

Physical Therapy

- Physical Therapy options: Evaluate and Treat, Evaluate only, Gait and Transfer Training, Therapeutic Exercise, Wheelchair or DME Eval, Therapeutic Pool, Women's Health, ASAP, Pain, Vertigo

Occupational Therapy

- Occupational Therapy options: Evaluate and Treat, Evaluate only, Self care/ADLs, Thermal Modalities, DME Eval, Cognitive Skill Training, Hand splint, ASAP: Hand or wrist pain

Speech Therapy

- Speech Therapy options: Evaluate and Treat, Evaluate only, Speech, Language, Swallowing, Cognitive Skill Training, DRIVEABLE (driver's safety training)

WEST SALEM

- WEST SALEM options: Captial Manor (Geriatric/Neuro), RE_ Building (Sport/Ortho), PT Hippotherapy (Horses of Hope)

Physician Name: _____ Date: _____

Physician Signature: _____

Thank you for this referral! Mike Studer, PT, MHS, NCS, CEEAA, CWT, CSST
3270 Liberty Rd S. Salem, OR 97302 - Healthy Aging and Neurology
3220 Liberty Rd S. 97302 - Sports and Orthopedics
1025 NW 2nd ST. NW. 97304 - RE__ - Sports Performance
1955 Dallas Hwy NW, 97304 - Capital Manor