Outpatient Rehabilitation Services Referral Form

Referral Phone Number: **919 350-7000** Fax: 919 350-8959

Date: _____ Patient Phone Number(s): _____ ☐ Call Patient to Schedule Appt.

Patient Name (Please Print): _____ Date of Birth: _____

Diagnosis: _____ ICD-10 Code(s): _____

Restrictions/Precautions/ Comments: _____

Weight Bearing Status: WBAT NWB TTWB TDWB PWB _____lbs. Frequency/Duration: _____ x/week for _____wks

☐ **Outpatient Physical Therapy (PT)**

PT for Evaluation and Treatment including:

- ☐ See attached Protocol
- ☐ ROM _____
- ☐ Strengthening
- ☐ Gait Training
- ☐ Modalities _____
- ☐ Provide and teach use of assistive device _____
- ☐ Otago Balance and Fall Prevention
- ☐ General Conditioning
- ☐ Lumbar Program
- ☐ Cervical Program
- ☐ Pediatric Neuro
- ☐ PT Therapeutic Aquatics
- ☐ Trigger Point Dry Needling
- ☐ Progressive Home Exercise Program
- ☐ Vestibular Rehab
- ☐ Urinary/Fecal Incontinence
- ☐ Pelvic Pain/Dysfunctions
- ☐ Diastasis recti
- ☐ Pregnancy Related LBP
- ☐ Vulvodynia/Vestibulitis
- ☐ Work Conditioning
- ☐ **Iontophoresis per protocol**: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other: _____

Other:

☐ **Outpatient Occupational Therapy (OT)**

OT for Evaluation and Treatment including:

- ☐ See attached Protocol
- ☐ ROM _____
- ☐ Strengthening
- ☐ Modalities _____
- ☐ Wound Care:(include dressing change instruction) _____
- ☐ **Iontophoresis per protocol**: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other: _____
- ☐ Pain Management
- ☐ Edema Management
- ☐ Scar Management
- ☐ Pre fabricated Splint
- ☐ Custom Splint: _____
- ☐ Specialized Hand Care/Treatment
- ☐ Energy Conservation and Adaptive Equipment
- ☐ Joint Protection Education and Training
- ☐ Lymphedema
- ☐ Work Conditioning Activities
- ☐ Vision Rehab

Other:

☐ **Outpatient Speech/Language Pathology (SLP)**

SLP for Evaluation and Treatment including:

- ☐ Modified Barium Swallow Study (MBSS)
- ☐ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- ☐ Lee Silverman Voice Treatment (LSVT™)
- ☐ Dysphagia Treatment
- ☐ Pediatric Feeding and Swallowing
- ☐ Other: _____

Outpatient Specialty Programs-Evaluation & Treatment

- ☐ Multidiscipline-PT, OT, SLP
- ☐ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM
- ☐ Bioness ___ Upper Extremity ___ Lower Extremity OT/PT
- ☐ WakeMed Wound Care-PT: Call to schedule: 919 350-4515
- ☐ OT Saebo Orthotic Evaluation and Treatment
- ☐ Otago Balance and Fall Prevention - PT
- ☐ Lee Silverman(LSVT™) BIG and LOUD - PT and SLP
- ☐ Functional Capacity Evaluation(FCE)-PT/OT
- ☐ Return to Work Assessment-PT
- ☐ Job Site Evaluation - PT/OT
- ☐ Lymphedema - OT

Print Physician Name: _____ **Physician Signature:** _____ **Date/Time:** _____

Next Physician Visit: _____

Note: This order is valid for 30 days from the date signed.

WakeMed Outpatient Rehabilitation Locations:

Clayton Medical Park
104 Medpsring Drive, Suite 210
Clayton, NC 27520

Wake Forest Road
3701 Wake Forest Road, Suite 120
Raleigh, NC 27609

Raleigh Medical Park
23 Sunnybrook Road, Suite 300
Raleigh, NC 27610

Raleigh Campus
3000 New Bern Avenue
Raleigh, NC 27610

WakeMed North Hospital
10000 Falls of Neuse Road
Raleigh, NC 27614

WakeMed Outpatient Specialty Rehab
1900 Kildaire Farm Road
Cary , NC 27518

Cary Outpatient Rehab
300 Ashville Avenue, Suite 220
Cary, NC 27518

WakeMed Wound Care Services
3000 New Bern Avenue
Raleigh, NC 27610
919 350-4515

WakeMed Physician Practices
Phone: 919 350-1508 Fax: 919 350-1475

WPP Physical Therapy
10010 Falls of Neuse Rd., Suite 009
Raleigh, NC 27614

WPP Physical Therapy
10000 Cambridge Village Loop
Apex, NC 27502