Outpatient Rehabilitation Services Referral Form

Referral Phone Number: 919-350-7000
Referral Fax 919-235-1328

WakeMed Rehabilitation

Date: _____ Patient Name (Please Print): _____

Date of Birth: _____ Patient Phone Number: _____ ☐ Call Patient to Schedule Appointment

Diagnosis: _____

ICD-10 Code(s): _____

Restrictions/Precautions/Comments: _____

Weight Bearing Status: WBAT NWB TTWB TDWB PWB _____

Frequency/Duration: _____ x/wk _____ wks

☐ Outpatient Physical Therapy (PT)

PT for Evaluation and Treatment including: _____

- ☐ Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable, 4mg/ml 20ml, Or
- Other: _____

☐ Outpatient Occupational Therapy (OT)

OT for Evaluation and Treatment including: _____

- ☐ Custom Hand Splint/Orthotic: _____
- ☐ Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable, 4mg/ml 20ml Or
- Other: _____

☐ Outpatient Speech Therapy (SLP)

SLP for Evaluation and Treatment including: _____

- ☐ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- ☐ Modified Barium Swallow Study (MBSS)
- ☐ Clinical Swallowing Evaluation and Treatment

AND

Outpatient Specialty Programs – Evaluation & Treatment

- ☐ Balance and Falls Intervention/Prevention - PT
- ☐ Cancer Rehab, Pre and Post Treatment, PT, OT
- ☐ Comprehensive Neuro OP Rehab - PT, OT, SLP
- ☐ Dry Needling - PT, OT
- ☐ Dysautononia/Postural Orthostatic Tachycardia Syndrome (POTS) - PT, OT
- ☐ Hand Therapy/Hand Wound - OT
- ☐ Hernia Program - PT
- ☐ Low Vision - OT
- ☐ Lymphedema - OT, PT
- ☐ Pelvic Health - PT
- ☐ Pulmonary Rehab & Cardiopulmonary Therapy - PT (per protocol)
- ☐ StepForward Advanced Amputee Program - PT, OT
- ☐ Vestibular Rehab - PT
- ☐ Wheelchair Evaluation - PT, OT
- ☐ Work Conditioning - PT, OT
- ☐ Wound Care Program - PT (per protocol) (919-350-4515)

Total Joint Prehab and Therapy

- ☐ Pre Total Joint Surgery - PT
- ☐ Post Total Joint Surgery - PT
- ☐ Other: _____

Post Concussion Rehab

- ☐ Concussion Vision - OT
- ☐ SLP
- ☐ Vestibular Rehab - PT

Pediatric Therapy

- ☐ Feeding Therapy - SLP, OT
- ☐ OT
- ☐ PT
- ☐ SLP
- ☐ Swallowing - SLP

Physician Name (please print): _____ **Date & Time:** _____

Signature and Credentials: _____ Signature indicates agreement with protocol unless otherwise stated

Order valid for 90 days after signature

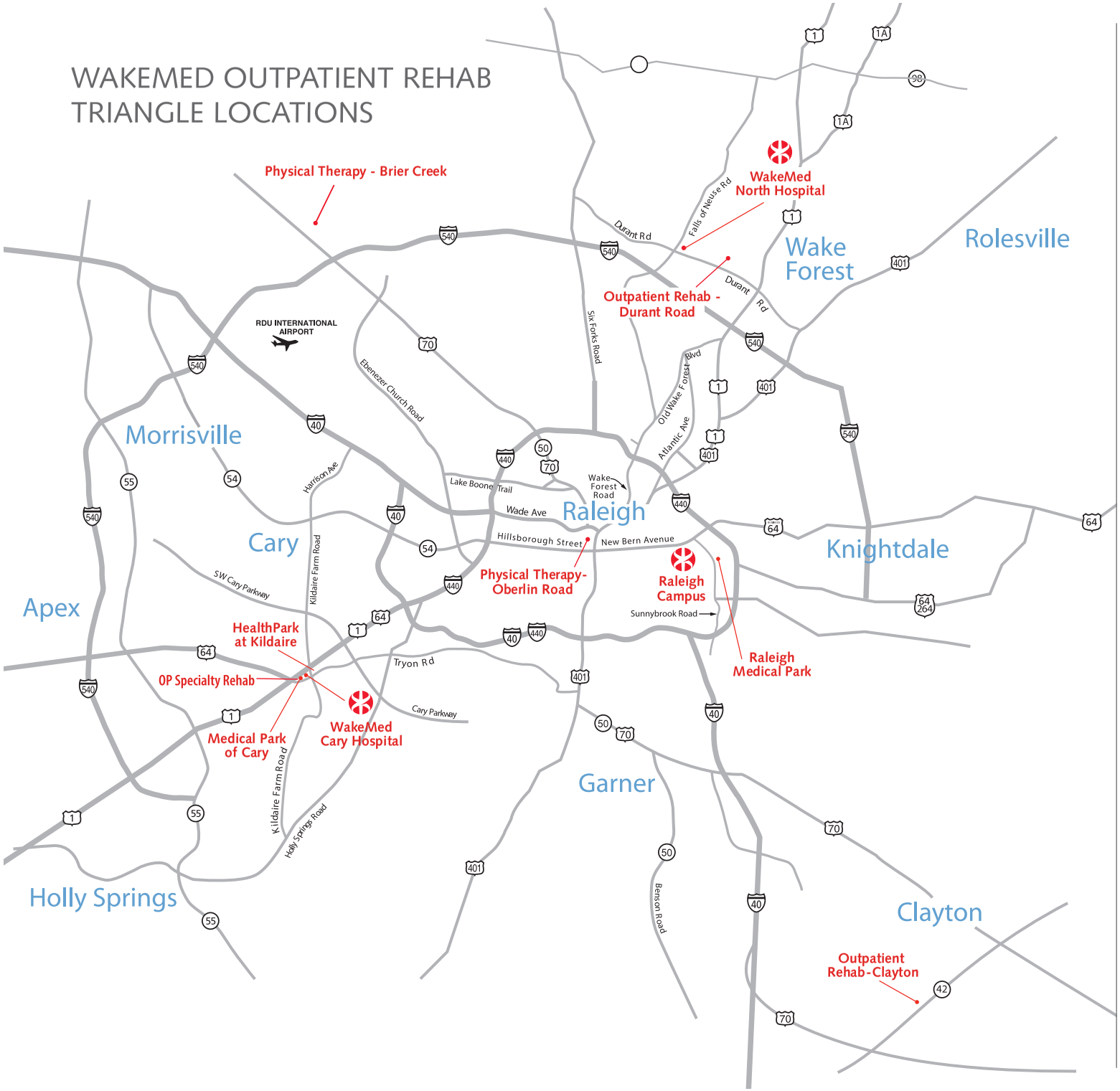
Scan QR code to access latest protocols

WakeMed Outpatient Rehab Locations throughout Wake County and Clayton

Call One Call to schedule at 919-350-7000 or
Fax referral to 919-235-1328

11/2026

WAKEMED OUTPATIENT REHAB TRIANGLE LOCATIONS



WAKEMED RALEIGH CAMPUS
Rehabilitation Hospital
Outpatient Rehab - Raleigh Campus
Wound Care
Back and Spine Center

RALEIGH MEDICAL PARK
Outpatient Rehab - Raleigh Medical Park

OBERLIN ROAD
Physical Therapy - Oberlin

WAKEMED CARY
Outpatient Specialty Rehab

MEDICAL PARK OF CARY
Physical Therapy - Pelvic Health

HEALTHPARK AT KILDAIRE
Outpatient Rehab - Kildaire
Physical Therapy - Kildaire
Outpatient Neuro Rehab

WAKEMED DURANT ROAD
Outpatient Rehab - Durant Road

BRIER CREEK
Physical Therapy - Brier Creek

CLAYTON
Outpatient Rehab - Clayton

WakeMed Rehabilitation
www.wakemed.org