

**Outpatient Referral Form**  
**Rehabilitation Medicine Department**

Phone: (603) 650-5978

Fax: (603) 650-8908

Physician Connection Line: 866-DHMC DOC  
(603) 653-1999

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_

REFERRING PROVIDER: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

**OCCUPATIONAL THERAPY**

- Eval & TX
- Instructions/precautions:

- E Activities of Daily Living
- X Assistive Equipment for Self Care
- A Energy Conservation
- M Cognitive (Eval and Training)
- P Visual/Perceptual (Eval and Training)
- L Splinting
- E Hand/Upper Extremity Rehab
- S Developmental Assessment
- Arthritis Equipment
- Community Re-entry

**SPEECH-LANGUAGE PATHOLOGY**

- Eval & TX
- Instructions/precautions:

- E Oral Motor/Sensory Assessment
- X Dysphagia
- A Aphasia
- M Cognitive Deficits
- P Laryngectomy
- L Augmentative Communication
- E Non-speech Communication
- S Trachs/Passy Muir Valves
- Voice Disorder
- Infant/Child Feeding
- Child Speech/Language

**PHYSICAL THERAPY**

- Eval & TX
- Instructions/precautions:

- E ROM
- X Gait Deviation
- A Weakness/Strengthening
- M Balance/Coordination
- P Developmental Delay
- L Functional Mobility
- E Iontophoresis per DHMC Protocol
- S Dex 4%

**PHYSICAL THERAPY SPECIALTY PROGRAMS**

- |   |                                       |                                      |   |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Balance & Vestibular | <input type="checkbox"/> FCE          | <input type="checkbox"/> Lymphedema  | <input type="checkbox"/> Pelvic Pain/Incontinence                   |
| <input type="checkbox"/> Sports Medicine      | <input type="checkbox"/> Pool Program | <input type="checkbox"/> Neuro Rehab | <input type="checkbox"/> Worksite Analysis<br>(DHMC employees only) |