Outpatient Referral Form
Rehabilitation Medicine Department

Phone: (603) 650-5978
Fax: (603) 650-8908
Physician Connection Line: 866-DHMC DOC
(603) 653-1999

Diagnosis/Reason for Referral: 

REFERRING PROVIDER: ________________________________
Referring Provider Signature: __________________________ Date: ______________________
Contact person: ______________________________________
Address: ____________________________________________ Office phone: __________________
Office fax: _________________________________________

**OCCUPATIONAL THERAPY**
- Eval & TX
- Instructions/precautions:

**PHYSICAL THERAPY**
- Eval & TX
- Instructions/precautions:

**PHYSICAL THERAPY SPECIALTY PROGRAMS**
- Balance & Vestibular
- Sports Medicine
- FCE
- Pool Program
- Lymphedema
- Neuro Rehab
- Pelvic Pain/Incontinence
- Worksite Analysis (DHMC employees only)

**SPEECH-LANGUAGE PATHOLOGY**
- Eval & TX
- Instructions/precautions:

**Instructions/precautions:**
- Activities of Daily Living
- Assistive Equipment for Self Care
- Energy Conservation
- Cognitive (Eval and Training)
- Visual/Perceptual (Eval and Training)
- Splinting
- Hand/Upper Extremity Rehab
- Developmental Assessment
- Arthritis Equipment
- Community Re-entry

- Oral Motor/Sensory Assessment
- Dysphagia
- Aphasia
- Cognitive Deficits
- Laryngectomy
- Augmentative Communication
- Non-speech Communication
- Trachs/Passy Muir Valves
- Voice Disorder
- Infant/Child Feeding
- Child Speech/Language

- ROM
- Gait Deviation
- Weakness/Strengthening
- Balance/Coordination
- Developmental Delay
- Functional Mobility
- Iontophoresis per DHMC Protocol
  - Dex 4%