

POMONA CAMPUS
255 E. Bonita Avenue
Pomona, CA 91767
909/596-7733
Fax/909-596-6253



AZUSA CENTER *
910 E. Alost Avenue
Azusa, CA 91702
626/334-8735
Fax 626/334-8906

REFERRAL TO OUTPATIENT THERAPY

Patient Name _____ DOB _____
Home Phone _____ Alternate Phone _____
Diagnosis _____
ICD 10 _____
Precautions/Limitations _____ Next MD Appt _____
Post Surgical Protocol _____

Specialty Programs and Procedures

PHYSICAL THERAPY

- ☐ Treat ___ times per week for ___ weeks
- ☐ Evaluation
- Specialty evaluations:
 - ☐ Biodex
 - ☐ Functional capacity (FCE)
 - ☐ KT1000
 - ☐ Orthotic/prosthetic
 - ☐ Seating/wheelchair
- ☐ Amputee program
- ☐ Aquatic therapy
- ☐ Bioness training—L300 (lower extremity)
- ☐ Fibromyalgia management program
- ☐ Functional mobility training
- ☐ Gait/crutch training
- ☐ Lymphedema management
- ☐ Modalities _____
- ☐ Pilates
- Pulmonary Program:
 - ☐ Physical/Occupational therapy
- ☐ RTI E-Stim cycle training
- ☐ Serial casting
- ☐ Sport specific training—Type: _____
- ☐ Therapeutic exercise
- ☐ Urinary/bowel dysfunction (biofeedback)
- ☐ Vestibular/balance rehabilitation
- ☐ Work conditioning
- ☐ Other _____

OCCUPATIONAL THERAPY

- ☐ Treat ___ times per week for ___ weeks
- ☐ Evaluation
- Specialty evaluations:
 - ☐ Adaptive driving
 - ☐ Home safety/accessibility
- ☐ Bioness training—H200 (upper extremity)
- ☐ Cognitive retraining
- ☐ Community/work reintegration
- ☐ Fine & gross motor coordination
- ☐ Functional skills training
- ☐ Neuromuscular re-education
- ☐ Perceptual motor training
- ☐ Self-care management retraining
- ☐ Sensory integration
- ☐ Neuro-vision rehabilitation
- ☐ Other _____

HAND THERAPY

- ☐ Treat ___ times per week for ___ weeks
- ☐ Scar management
- ☐ Splinting/static/dynamic
- ☐ Wound care

HYPERBARIC MEDICINE & WOUND CARE

- ☐ Hyperbaric Physician Evaluation
- ☐ Wound Care Physician Evaluation

SPEECH AND LANGUAGE THERAPY

- ☐ Treat ___ times per week for ___ weeks
- ☐ Evaluation
- Specialty evaluations:
 - ☐ Modified barium swallowing
 - ☐ Swallowing
- ☐ Electrical stimulation
- ☐ FEES
- ☐ Other _____

AUDIOLOGY

- Specialty evaluations:
 - ☐ Auditory processing
 - ☐ Hearing aid
 - ☐ Evaluation only
- ☐ Auditory evoked response
- ☐ Electronystagmography (ENG/VNG)
- ☐ Posturography (CDP)
- ☐ Other _____

NEUROPSYCHOLOGY/PSYCHOLOGY

- ☐ Biofeedback treatment
- ☐ Cognitive assessment
- ☐ Neuro/psychology treatment
- ☐ Psychological assessment

* Not all services offered at Azusa Center. Please call for additional information.

Statement of Medical Necessity:

I certify that the patient listed above is under my care and that the therapy services listed above are medically necessary for the health of the patient.

Comments _____

Physician Name _____

Signature _____

Date _____ UPIN _____

Phone _____ Fax: _____

Address _____

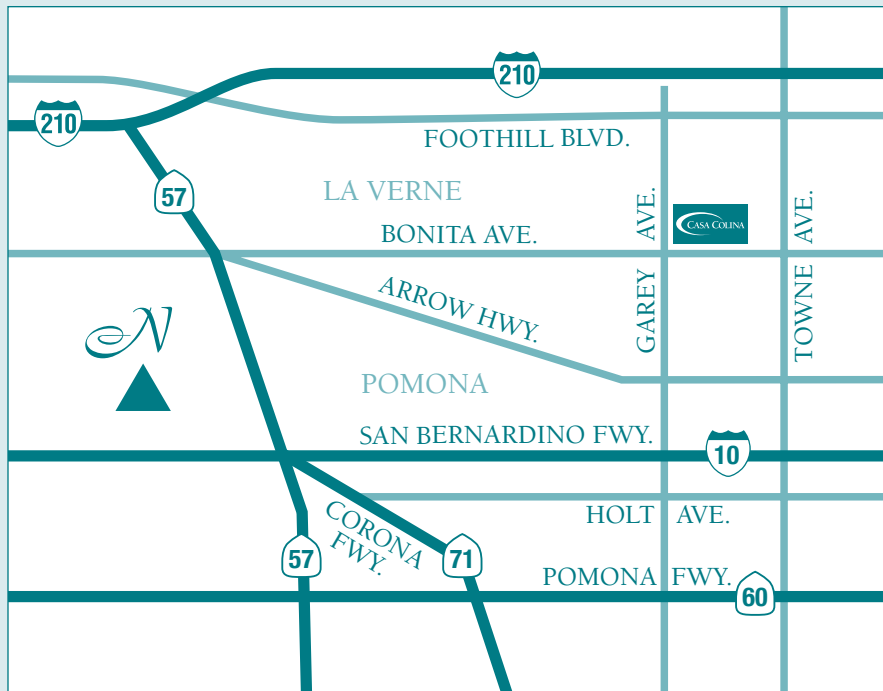
City/State/Zip _____



TWO CONVENIENT LOCATIONS TO BETTER SERVE YOUR PATIENTS

POMONA

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