

POMONA CAMPUS  
255 E. Bonita Avenue  
Pomona, CA 91767  
909/596-7733 x3500  
Fax 909/596-6253



AZUSA CENTER \*  
910 E. Alostia 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:
  - Assistive Technology (PT/OT)
  - 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 \_\_\_\_\_
- Pulmonary Program:
  - Physical/Occupational therapy
- RTI E-Stim cycle training
- Serial casting
- Urinary/bowel dysfunction (biofeedback)
- Vestibular/balance rehabilitation
- Work conditioning
- Other \_\_\_\_\_

#### HYPERBARIC MEDICINE & WOUND CARE

- Hyperbaric Physician Evaluation
- Wound Care Physician Evaluation

#### 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

#### SPEECH AND LANGUAGE THERAPY

- Treat \_\_\_ times per week for \_\_\_ weeks
- Evaluation
- Augmentive & alternative communication
- AAC
- Modified barium swallow evaluation
- Swallowing
- Electrical stimulation
- FEES
- Other \_\_\_\_\_

#### AUDIOLOGY

- Specialty evaluations:
  - 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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