

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



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:
  - Assistive Technology (PT/OT)
  - Biodex
  - Functional capacity (FCE)
  - KT1000
  - Orthotic/prosthetic
  - Seating/wheelchair
- Amputee therapy
- Aquatic therapy
- Bioness training—L300 (lower extremity)
- Fibromyalgia management
- Functional mobility training
- Gait/crutch training
- Lymphedema management (PT/OT)
- Modalities \_\_\_\_\_
- Pulmonary (PT/OT)
- Robotics/Exoskeleton training
- RTI E-Stim cycle training
- Serial casting
- TMJ/TMD
- 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
- Augmentive & alternative communication
- Modified barium swallow evaluation
- Swallowing
- Electrical stimulation
- FEES
- Other \_\_\_\_\_

#### AUDIOLOGY

- Comprehensive hearing evaluation
- Hearing aid consultation
- Auditory brainstem response (ABR)
- Auditory processing disorder (APD)
- Videonystagmography (VNG)
- Posturography (CDP)
- Other \_\_\_\_\_

#### NEUROPSYCHOLOGY/PSYCHOLOGY

- Cognitive assessment
- Neuro/psychology treatment
- Neuropsychological (cognitive) evaluation
- Pre-surgical psychological assessment
- 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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