

Pomona
Phone: 909/596-7733
Fax: 909/596-6253



Azusa
Phone: 626/334-8735
Fax: 626/334-8906
Monrovia
Phone: 626/993-2272
Fax: 840/230-3277

REFERRAL TO OUTPATIENT THERAPY

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

Specialty Programs and Procedures

EVALUATE AND TREAT: (Select all that apply) Physical Therapy Occupational/Hand Therapy Speech Therapy
FREQUENCY / DURATION: Treat ___ times per week for _____ weeks

PHYSICAL THERAPY

- Amputee therapy
- Aquatic therapy
- Assistive Technology (PT/OT)
- Bioness training—L300 (lower extremity)
- Fibromyalgia management
- Functional mobility training
- Gait training
- Isokinetik testing
- KT1000
- Lymphedema management (PT/OT)
- Modalities _____
- Orthotic/prosthetic
- Pelvic health
- Pulmonary (PT/OT)
- Robotics/Exoskeleton training
- RTI E-Stim cycle training
- Seating/wheelchair
- Serial casting
- TMJ/TMD
- Urinary/bowel dysfunction (biofeedback)
- Vestibular/balance rehabilitation
- Other _____

OCCUPATIONAL THERAPY

- Adaptive driving
- Bioness training—H200 (upper extremity)
- Cognitive retraining
- Community/work reintegration
- Fine & gross motor coordination
- Functional skills training
- Home safety/accessibility
- Neuromuscular re-education
- Neuro-vision rehabilitation
- Perceptual motor training
- Self-care management retraining
- Sensory integration
- Other _____

HAND THERAPY

- Electrical Stimulation
- Iontophoresis treatment
- Scar management
- Splinting/static/dynamic
- Ultrasound
- Wound care

WOUND CARE & HYPERBARIC MEDICINE

- Hyperbaric Physician Evaluation
- Wound Care Evaluation

SPEECH AND LANGUAGE THERAPY

- Augmentive & alternative communication
- Electrical stimulation
- FEES
- Modified barium swallow evaluation
- Speech/language/communication
- Swallowing
- Videostroboscopy
- Voice
- Other _____

AUDIOLOGY

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

NEUROPSYCHOLOGY/PSYCHOLOGY

- Neuropsychological (cognitive) evaluation
- MM1 ratings (w/c patients only with comprehensive evaluation)
- Psychological assessment (includes pre-surgical clearance evaluation)

**Not all services offered at all locations. 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: _____

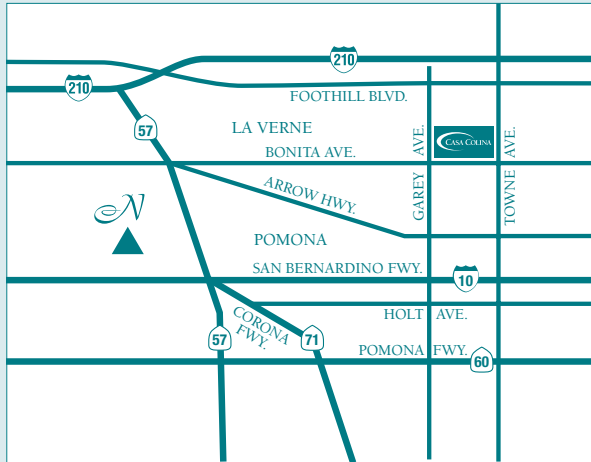
Address _____

City/State/Zip _____

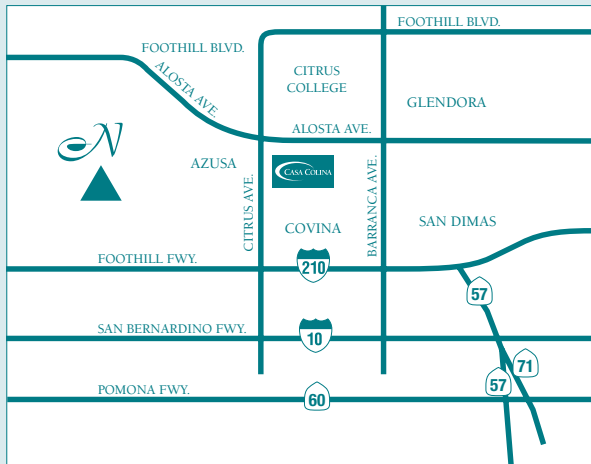


THREE CONVENIENT LOCATIONS TO BETTER SERVE YOUR PATIENTS

Not all services offered at all locations. Please call for additional information.



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



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



MONROVIA
 245 West Foothill Boulevard
 Monrovia, CA 91016
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