

PRESCRIPTION FOR OUTPATIENT REHAB SERVICES



Rehab Office Use Only:
MR#: _____

Name: _____

Date of Birth: _____ Phone: _____

Diagnosis: _____ ICD-10 Code: _____

Diagnosis: _____ ICD-10 Code: _____

Frequency of Treatment: 2x/week 3x/week Other _____

Duration: 2 Weeks 3 Weeks 4 Weeks 6 Weeks Other _____

Physician's Signature: _____ Date: _____ Time: _____
(Original Physician Signature Required)

Printed/Stamped Physician's Name: _____

<input type="checkbox"/> Physical Therapy (PT)	<input type="checkbox"/> Occupational Therapy (OT)
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<input type="checkbox"/> PT or OT at Facility's Discretion

<input type="checkbox"/> EVALUATE AND TREAT	<input type="checkbox"/> Modalities at Therapist's Discretion	<input type="checkbox"/> Splint Fabrication -
<input type="checkbox"/> Special Instructions: _____	<input type="checkbox"/> Iontophoresis: Medication: _____	<input type="checkbox"/> Dynamic <input type="checkbox"/> Static <input type="checkbox"/> Other
_____ _____ _____		

<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Industrial Rehab Services	<input type="checkbox"/> Human Performance Lab
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Outpatient

- Evaluate and Treat
 - Speech/Language Therapy
 - Dysphagia Therapy
 - Cognitive Therapy
 - Voice Therapy
 - Home Program

Hospital

- Modified Barium Swallow Study

Cherry Tree Rehab

- Functional Capacity Evaluation
- Work Hardening
- Work Conditioning
- Ergonomic Consultation
- Job Demands Analysis
- Lifting Test
- Back Safety Education

Hillside Rehab

- Biomechanical Gait Evaluation/Consult
- Orthotic Management
- Fall Risk / Balance Assessment
- Force Plate Evaluation

LOCATION (Addresses listed on reverse):

<input type="checkbox"/> Cherry Tree Ph: (717) 316-7030 Fx: (717) 633-1947	<input type="checkbox"/> Littlestown Ph: (717) 359-4078 Fx: (717) 316-3332	<input type="checkbox"/> Hospital (Modified Barium Swallow Studies) Ph: (717) 316-2155 Fx: (717) 316-6060
<input type="checkbox"/> Hillside Ph: (717) 316-7330 Fx: (717) 316-6066	<input type="checkbox"/> Thistle Hill (Spring Grove) Ph: (717) 225-6671 Fx: (717) 225-6679	<input type="checkbox"/> Any Location
<input type="checkbox"/> Pediatric Specialty Therapy Ph: (717) 316-7337 Fx: (717) 637-4996		

APPOINTMENT INFORMATION:

Mon Tue Wed Thu Fri

Date: _____

Arrival Time: _____ am/pm

Please bring **this referral**, as well as a list of **medications, insurance cards, and photo ID** to your first appointment. If you need to cancel, please provide 24 hours notice when possible.



DESCRIPTION OF SERVICE

	Hospital Rehab 300 Highland Avenue Hanover, PA	Littlestown Rehab 300 W. King Street, Lower Level Littlestown, PA	Cherry Tree Rehab 785 Cherry Tree Court Hanover, PA	Pediatric Specialty Therapy York Street Medical Center 400 York Street Hanover, PA	Hillside Rehab 250 Fame Avenue, Suite 100 Hanover, PA	Thistle Hill Rehab 2030 Thistle Hill Drive, Suite 202 Spring Grove, PA
PHYSICAL THERAPY		↙	↙	↙	↙	↙
Balance / Fall Risk Assessment					↙	
Biomechanical and Gait Evaluation				↙	↙	
Congenital Torticollis Therapy				↙		
Developmental Testing and Therapy				↙		
Force Plate Evaluation					↙	
ImPACT Concussion Management			↙			
Spine Rehab		↙	↙		↙	↙
Neurological Rehab		↙	↙	↙	↙	↙
Orthopaedic Therapy		↙	↙	↙	↙	↙
Orthotic Fabrication and Management				↙	↙	
Post-Amputation Rehab		↙	↙		↙	↙
Sensory Integration Testing and Therapy				↙		
Sports Medicine		↙	↙		↙	↙
Vestibular Rehab			↙			↙
Pelvic Floor Dysfunction & Urinary Incontinence		↙	↙			
Work Conditioning		↙	↙			↙
Work Hardening			↙			
Work Injury Management			↙			
Work Tolerance Screens (Pre-Employment)			↙			
OCCUPATIONAL THERAPY		↙	↙	↙		↙
Developmental Testing and Therapy				↙		
Disability Evaluation			↙			
Functional Capacity Evaluation			↙			
Hand Therapy			↙			↙
Sensory Integration Testing and Therapy				↙		
Upper Extremity Splinting			↙			↙
Vision Therapy			↙	↙		↙
Work Conditioning			↙	↙		↙
Work Hardening			↙			
Work Injury Management			↙			
Work Tolerance Screens (Pre-Employment)			↙			
Infant Massage				↙		
SPEECH THERAPY			↙	↙		
Audiological Screening				↙		
Auditory Processing Therapy				↙		
Augmentative Communication Device Training				↙		
Cognitive Therapy			↙	↙		
Developmental Testing and Therapy				↙		
Modified Barium Swallow Study	↙					
Speech/Language Therapy			↙	↙		
Dysphagia Therapy			↙	↙		
Voice Therapy			↙	↙		