



Carolin's Rehabilitation

Uncompromising Excellence. Commitment to Care.

REFERRAL FORM

CONSULTATION FOR:

- Neuro Psych/ Psych
- Prosthetic and Orthotics
- Electrodiagnostic Studies
- Physical Medicine and Rehabilitation (Physiatric)
- Musculoskeletal
- Pediatrics

TREATMENT:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Lymphedema

Date: _____ Diagnosis: _____ ICD 9 Code: _____

Frequency: _____ x/week Duration: _____ weeks _____ months other: _____

Precautions: _____

OUTPATIENT THERAPY

- | | | |
|---|---|--|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> ROM Exercise | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Bladder Training | <input type="checkbox"/> Aquatic Rehabilitation | <input type="checkbox"/> Driving Program Evaluation |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Lymph/Edema Control | <input type="checkbox"/> Patient Education |
| <input type="checkbox"/> Isokinetic Testing | <input type="checkbox"/> Spine Stabilization Exercise | <input type="checkbox"/> Scar Management |
| <input type="checkbox"/> Sensory Integration/Training | <input type="checkbox"/> Manual Therapy/ Mobilization | <input type="checkbox"/> Functional Training |
| <input type="checkbox"/> Vestibular/Balance Training | <input type="checkbox"/> Work Conditioning | <input type="checkbox"/> Pelvic Floor Rehab |
| <input type="checkbox"/> Handwriting/Dexterity/Coordination | <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Assessment/Orthotic/Splinting |
| <input type="checkbox"/> PNF/Neuromuscular Re-education | <input type="checkbox"/> Home Exercise Program/ADL | <input type="checkbox"/> Cognitive Re-training |
| <input type="checkbox"/> Seating Clinic | <input type="checkbox"/> Audiology | <input type="checkbox"/> Brain Injury Program PT/OT/ST |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Protocol: _____ | <input type="checkbox"/> Better Balance Program |

SPEECH THERAPY

- | | |
|---|---|
| <input type="checkbox"/> Evaluate and Treatment | <input type="checkbox"/> Augmentative Communication |
| <input type="checkbox"/> Cognitive Retraining | <input type="checkbox"/> Speech/ Language Therapy |
| <input type="checkbox"/> VitalStim Treatment | <input type="checkbox"/> Dysphagia Therapy |
| <input type="checkbox"/> TEP Fitting/Refitting | <input type="checkbox"/> Videostroboscopy |
| <input type="checkbox"/> Pediatric Feeding | <input type="checkbox"/> Voice Therapy/LSVT |
| <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Fluency Treatment |

MODALITIES

- | | |
|---|--|
| <input type="checkbox"/> Cold Pack/Ice Massage | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Spray and Stretch | <input type="checkbox"/> Paraffin |
| <input type="checkbox"/> Hydrocollator Packs | <input type="checkbox"/> E-Stim/TENS |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Fluidotherapy |
| <input type="checkbox"/> Iontophoresis with
4 mg/m Dexamethasone | <input type="checkbox"/> Iontophoresis with
5% Potassium Iodine |
| <input type="checkbox"/> Ultrasound/Phonophoresis _____% | |

Comments: _____

Would this patient benefit from Social Services? Yes _____ No _____

Physician Name (print): _____ Phone Number: _____ Fax Number: _____

Physician Signature

License Number

Date

Telephone Order: Yes _____ No _____

Contact Name: _____

Signature of Person Receiving Order: _____

Time: _____ Phone: _____

Place Sticker Here or Print:

Patient Name: _____

Hx/Org. Number: _____ DOB: _____

Home Phone #: _____ Work Phone #: _____

Insurance Carrier: _____

CAROLINAS REHABILITATION OUTPATIENT LOCATIONS

Ballantyne

7825 Ballantyne Commons
Pkwy., Suite 210
Charlotte, NC 28277
Phone: 704-446-7040
Fax: 704-759-3594

Huntersville

16455 Statesville Rd.
Suite 300
Huntersville, NC 28078
Phone: 704-801-3719
Fax: 704-801-3705

Main (Blythe)

1100 Blythe Blvd
Charlotte, NC 28203
Phone: 704-355-4300
Therapy Fax: 704-355-7873
Clinic Fax: 704-355-4002

Matthews

1401 Matthews Township
Pkwy., Suite 225
Matthews, NC 28105
Phone: 704-841-2104
Fax: 704-841-2127

Monroe

1106 Reynolds St.
Suite 200
Monroe, NC 28112
Phone: 704-291-7755
Fax: 704-291-7757

Mount Holly

275 Beatty Drive
Belmont, NC 28012
Phone: 704-512-3312
Fax: 704-512-3487

Mountain Island Lake

9908 Couloak Drive
Suite 1400
Charlotte, NC 28216
Phone: 704-801-3065
Fax: 704-801-3066

Pineville

10620 Park Rd.
Suite 200
Pineville, NC 28210
Phone: 704-667-2500
Fax: 704-667-2507

Prosperity Crossing

5435 Prosperity Church Road
Suite 1400
Charlotte, NC 28269
Phone: 704-863-9970
Fax: 704-863-9971

Randolph

3030 Randolph Road
Suite 105
Charlotte, NC 28211
Phone: 704-512-4420
Fax: 704-512-4421

University

101 WT Harris Blvd.
Suite 5304
Charlotte, NC 28262
Phone: 704-863-5780
Fax: 704-863-5876

Carolinas Rehabilitation Specialists

Musculoskeletal Practice

3030 Randolph Rd
Charlotte, NC 28211
Phone: 704-512-4400
Fax: 704-512-4401