

### REHABILITATION REFERRAL

**Major Insurance Plans Accepted** 

P: 919-585-4655 | F: 919-585-4615

Patient's Name:	Patient's Phone:
Diagnosis:	Patient's DOB:
Provider's Name (Print):	Frq/Dur:

## **EVALUATE & TREAT** at the Therapist's Discretion

ORTHOPEDIC SERVICES	BALANCE SERVICES
Pre & Post Surgical Care	Vestibular Rehabilitation Therapy
Manual Therapy & Manual Traction	Balance & Gait Retraining
Endurance & Conditioning	Neuromuscular Re-Education
Worker's Compensation	Balance / Proprioception
Home Exercise Programs	Falls Prevention
Joint Mobilization & Range of Motion	Concussion Management Amputee Gait Training
Chronic Pain Management	Epley Manuever (Manual)
Pelvic Health Therapy	
Notes/Precautions:	

Provider's Signature:

Date:

#### **REFERRING PROVIDER INFORMATION**

Certification: I certify that this treatment is medically necessary and required for the above name patient.

## Located in Hope Valley Commons



# LOVE YOUR LIFE !