

# OUTPATIENT REHABILITATION PT/OT/ST ORDERS

## OVERLAKE CLINICS OUTPATIENT REHABILITATION SERVICES

Please fax order to 425.688.5912 Call 425.688.5900 to schedule an appointment

Patient Name: \_\_\_\_\_ Patient Gender:  M  F DOB: \_\_\_\_\_  
Patient's Contact Number: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_  
Diagnosis/Reason for Visit: \_\_\_\_\_ Or ICD10: \_\_\_\_\_  
Office Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PHYSICAL THERAPY

Physical Therapist to evaluate and treat per therapist's judgment

*Specialty Services—Evaluation and Treatment of:*

- |  |   |
|--|---|
| <input type="checkbox"/> Aquatic (Pool) Therapy                  | <input type="checkbox"/> Orthopedic (Including Sport & Spine)   |
| <input type="checkbox"/> Concussion Therapy                      | <input type="checkbox"/> Osteoporosis                           |
| <input type="checkbox"/> Fall Prevention (Balance/Gait training) | <input type="checkbox"/> Pelvic Floor/Abdominal Therapy         |
| <input type="checkbox"/> LSVT®—BIG                               | <input type="checkbox"/> Biofeedback for pelvic floor disorders |
| <input type="checkbox"/> Lymphedema Management                   | <input type="checkbox"/> Vestibular Therapy                     |
| <input type="checkbox"/> Neurological/Stroke Rehabilitation      | <input type="checkbox"/> Wheelchair assessment                  |
| <input type="checkbox"/> Oncology Rehabilitation                 |   |

### OCCUPATIONAL THERAPY

Occupational Therapist to evaluate and treat per therapist's judgment

*Specialty Services—Evaluation and Treatment of:*

- Arm Function
- Activities of Daily Living
- Driver's Screening (In Clinic) Private Pay ONLY
- Home Safety Evaluation
- LSVT®—BIG
- Wheelchair assessment

### SPEECH/LANGUAGE THERAPY

Speech Therapist to evaluate and treat per therapist's judgment

*Specialty Services—Evaluation and Treatment of:*

- Swallowing Therapy
  - Modified Barium Swallow Study (MBSS)
  - Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Head/Neck Cancer Rehabilitation
- Voice Therapy
- Vocal Cord Dysfunction (VCD)/ Paradoxical Vocal Fold Movement (PVFM)
- LSVT®—LOUD
- Cognitive Communication Evaluation & Training

Frequency Recommendation (If applicable): \_\_\_\_\_

Precautions/Comments: \_\_\_\_\_

Name of Referring Provider (Please Print): \_\_\_\_\_

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TIME**