

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



AZUSA CENTER \*  
 910 E. Alost Avenue  
 Azusa, CA 91702  
 626/334-8735  
 Fax 626/334-8906

## 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 capacity (FCE)
- Functional mobility training
- Gait training
- Isokinetik testing
- KT1000
- Lymphedema management (PT/OT)
- Modalities \_\_\_\_\_
- Orthotic/prosthetic
- Pulmonary (PT/OT)
- Robotics/Exoskeleton training
- RTI E-Stim cycle training
- Seating/wheelchair
- Serial casting
- TMJ/TMD
- Urinary/bowel dysfunction (biofeedback)
- Vestibular/balance rehabilitation
- Work conditioning
- 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

- Iontophoresis treatment
- Scar management
- Splinting/static/dynamic
- 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
- 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 Azusa Center. 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 \_\_\_\_\_



TWO CONVENIENT LOCATIONS TO BETTER SERVE YOUR PATIENTS

POMONA

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