

Whitaker Rehab Clinics – Patient Referral & Prescription

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD9 Codes: \_\_\_\_\_

**Wheel Chair Clinic:**  PT for Wheel Chair Clinic & follow up 2 visits

**Swallowing Evaluations**

**FEES – Fiberoptic Endoscopic Evaluation of Swallowing** – Patient is appropriate if patient has one of the following:

- >300 lbs
- has voice problems
- low endurance
- Does not specifically need a MBS test for clinical reasons
- difficulty with transferring out of chair

\*\*\* **MBS – Modified Barium Swallow Study:** Please call (888)844-0080 to schedule this study

**Driving Rehabilitation Program:** Driving evaluation and any appropriate training, patient is at least 16 years of age and has previous driving experience.

Comments: \_\_\_\_\_

\*\*Please note patient will not benefit from driving rehabilitation if one of these conditions exists: seizure activity within the last 6 months, late stage dementia, constant positional vertigo, or visual acuity deficits worse than 20/100}

**Low Vision Clinic:** Evaluate and treat as checked below

- ADL training – compensatory techniques to increase independence and safety in ADLs
- ADL Community training – compensatory techniques to increase independence and safety in community activities, including ADL mobility
- Patient and/or family education – educate patient and/or family on methods to increase safety and independence of patient in the home or community
- Patient would benefit from a magnifier.

Precautions: \_\_\_\_\_

Recommend the following devices: \_\_\_\_\_

Field Losses: \_\_\_\_\_ Acuity: \_\_\_\_\_

**Physical Therapy: Lymphedema evaluate and treat**

Precautions \_\_\_\_\_  CHF \_\_\_\_\_

Physician Signature: \_\_\_\_\_ (No stamps please) Physician Name : \_\_\_\_\_ (Print):

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Office Phone: ( ) -



Whitaker Rehab Clinics Referral Form