

Patient Name _____

Date of Birth _____

Patient Address _____

City _____

State _____

Zip _____

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Primary Phone _____

Secondary Phone _____

Insurance _____

Evaluate and treat:

PHYSICIAN/MEDICAL SERVICES

- Rehab Physician/Physiatry/PM&R*
- EMG *Indicate body part* _____ L / R / Bilateral
- Prosthetic/Orthotic Evaluation

THERAPY SERVICES

- Occupational Therapy (OT) Aquatic Therapy (OT)
- Physical Therapy (PT) Aquatic Therapy (PT)
- Vestibular/Vertigo Therapy (PT)
- Speech/Cognitive Therapy* (ST)
- MBS/FEES/Swallow Eval* (ST)
- Aphasia Day Treatment* (PT/OT/ST)
- Cognitive Day Treatment* (PT/OT/ST)
- Pulmonary Rehab* (RT) - *PFT report may be required*

CONCUSSION CENTER

- Rehab Physician/Physiatry/PM&R*
- PT/Vestibular
- SLP/Cognitive*
- OT/Vision
- Neuropsychology*
- Psychology*/Counseling*

SPECIALTY SERVICES

- Wheelchair Assessment
 - Nutrition Consultation
 - Neuropsychology*
 - Psychology*/Counseling*
 - X-ray Ultrasound CT Scan
 - Traurig Transitional Living Center-Stroke & Brain Injury*
(includes aphasia or cognitive residential treatment program)
- Traurig Referrals: (203) 741-3488 Fax: (203) 294-8766

Diagnosis/Reason to be seen _____

Date of Onset/Injury

- < 1 month 1-3 Months > 3 months

OR exact date if known: mm/dd/yy: _____

Other info: _____

Specific Orders _____

Precautions _____

Referring Physician Name

(Please print) _____

Physician Signature _____

(Required to be valid) _____

Referral Date _____

Office

Phone _____ **FAX** _____

Office Location _____

Orthopedic Physical Therapy Locations

- 1154 Highland Ave, Cheshire (203) 679-3533
- 50 Berlin Rd, Cromwell (203) 284-3020
- 28 Durham Rd, Madison (203) 284-2929

Neurologic & Orthopedic Therapy Locations

- 8 Devine St, North Haven (203) 230-9226
- 50 Gaylord Farm Road, Wallingford (203) 284-2888

Rehab Physician Appointments (203) 284-2845
(Wallingford only)

*** THESE SERVICES MUST INCLUDE RECENT OFFICE NOTES AND PERTINENT IMAGING/LABS**