



THE QUEEN'S MEDICAL CENTER

OUTPATIENT REHABILITATION SERVICES REFERRAL FORM

Fax: (808) 691-5388

(Please refer to back page for **SPECIFIC LOCATIONS**)

PATIENT NAME	DATE OF BIRTH	PATIENT CONTACT #	DATE OF ONSET / SURGERY
MEDICAL / IMPAIRMENT-BASED DIAGNOSIS	ICD-10 CODE #	INSURANCE	
REASON FOR REFERRAL / FUNCTIONAL LIMITATIONS			
SPECIAL REQUESTS (Example: precautions, provider, protocol, specific interventions)			

EVALUATION AND TREATMENT

<input type="checkbox"/> PHYSICAL THERAPY <u>Locations:</u> <input type="checkbox"/> Punchbowl <input type="checkbox"/> Women's Health Center <input type="checkbox"/> Hawaii Kai <input type="checkbox"/> West Oahu	<input type="checkbox"/> OCCUPATIONAL THERAPY <u>Locations:</u> <input type="checkbox"/> Punchbowl <input type="checkbox"/> Hawaii Kai <input type="checkbox"/> West Oahu	<input type="checkbox"/> SPEECH THERAPY <u>Locations:</u> <input type="checkbox"/> Punchbowl <input type="checkbox"/> West Oahu
<u>PT Services</u> <input type="checkbox"/> Post-op Rehabilitation <input type="checkbox"/> Neurologic Rehabilitation <input type="checkbox"/> Sports Rehabilitation <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Manual Therapy <input type="checkbox"/> McKenzie Program <input type="checkbox"/> Vestibular Program <input type="checkbox"/> Concussion Program <input type="checkbox"/> Osteoporosis Program <input type="checkbox"/> Lymphedema Program <input type="checkbox"/> Head and Neck Cancer Rehabilitation <input type="checkbox"/> Breast Cancer Rehabilitation <input type="checkbox"/> Pelvic Pain Program <input type="checkbox"/> Incontinence Program <input type="checkbox"/> Pregnancy Program <input type="checkbox"/> Post-Partum Program <input type="checkbox"/> Other: _____	<u>OT Services</u> <input type="checkbox"/> Post-op Upper Extremity Rehabilitation <input type="checkbox"/> Splint Fabrication / Training Type: _____ <hr/> <input type="checkbox"/> Neurologic Rehabilitation <input type="checkbox"/> Ergonomics / Workstation Evaluation <input type="checkbox"/> Activities of Daily Living Training <input type="checkbox"/> Joint Protection / Energy Conservation Techniques <input type="checkbox"/> Manual Therapy <input type="checkbox"/> Other: _____	<u>Speech Services</u> <input type="checkbox"/> Swallow <input type="checkbox"/> MBS <input type="checkbox"/> Fiberoptic Endoscopic Evaluation of Swallow <input type="checkbox"/> Speech <input type="checkbox"/> Voice <input type="checkbox"/> Language / Cognition <input type="checkbox"/> Concussion Program <input type="checkbox"/> Augmentative / Assistive Communication <input type="checkbox"/> Lymphedema Program <input type="checkbox"/> Other: _____ Is patient currently residing in a SNF Facility or receiving Home Health Services? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SNF Facility: _____ <input type="checkbox"/> Home Health: _____

I certify that services will be furnished while the patient is under my care

PRINT REFERRING PROVIDER NAME	PHONE #	FAX #
REFERRING PROVIDER SIGNATURE	DATE / TIME	

*** Please attach a copy of the current history or last visit notes, including surgical reports and protocols ***

CLINIC LOCATIONS

West	Punchbowl	Hawaii Kai
<input type="checkbox"/> Physical / Occupational / Speech Therapy Queen's Medical Center-West Oahu CSC Building 4th Floor 91-2135 Fort Weaver Road Ewa Beach, HI 96706 Phone: (808) 691-3879 Fax: (808) 691-3876	<input type="checkbox"/> Physical / Occupational Therapy Queen's Medical Center 550 South Beretania Street Physician's Office Building 3, Suite 703 Honolulu, HI 96813 Phone: (808) 691-4211	<input type="checkbox"/> Physical / Occupational Therapy Queen's Health Care Center 377 Keahole Street Honolulu, HI 96825 Phone: (808) 954-7511
	<input type="checkbox"/> Women's Health Physical Therapy Queen's Medical Center Women's Health Center - Main Lobby 1301 Punchbowl Street Honolulu, HI 96813 Phone: (808) 691-4524	
	<input type="checkbox"/> Speech Therapy Queen's Medical Center 1329 Lusitana Street Physician's Office Building 2, Suite B5 Honolulu, HI 96813 Phone: (808) 691-4743	