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

☐ PHYSICAL THERAPY

Locations:

- ☐ Punchbowl
  - ☐ Women's Health Center
- ☐ West Oahu ☐ Ocean Pointe
- ☐ Kahala

PT Services

- ☐ Post-op Rehabilitation
- ☐ Neurologic Rehabilitation
- ☐ Sports Rehabilitation
- ☐ Fall Prevention
- ☐ Manual Therapy
- ☐ McKenzie Program
- ☐ Vestibular Program
- ☐ Concussion Program
- ☐ Osteoporosis Program
- ☐ Lymphedema Program
- ☐ Head and Neck Cancer Rehabilitation
- ☐ Breast Cancer Rehabilitation
- ☐ Pelvic Pain Program
- ☐ Incontinence Program
- ☐ Pregnancy Program
- ☐ Post-Partum Program
- ☐ Other: _____

☐ OCCUPATIONAL THERAPY

Locations:

- ☐ Punchbowl
- ☐ West Oahu

OT Services

- ☐ Post-op Upper Extremity Rehabilitation
- ☐ Splint Fabrication / Training
  - Type: _____
  - _____
- ☐ Neurologic Rehabilitation
- ☐ Ergonomics / Workstation Evaluation
- ☐ Activities of Daily Living Training
- ☐ Joint Protection / Energy Conservation Techniques
- ☐ Manual Therapy
- ☐ Other: _____

☐ SPEECH THERAPY

Locations:

- ☐ Punchbowl
- ☐ West Oahu

Speech Services

- ☐ Swallow
  - ☐ MBS
  - ☐ Fiberoptic Endoscopic Evaluation of Swallow
- ☐ Speech
- ☐ Voice
- ☐ Language / Cognition
  - ☐ Concussion Program
- ☐ Augmentative / Assistive Communication
- ☐ Lymphedema Program
- ☐ Other: _____

Is patient currently residing in a SNF Facility or receiving Home Health Services?

- ☐ NO
- ☐ YES
  - ☐ SNF Facility: _____
  - ☐ 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 ******