



Petoskey Location
 John and Marnie Demmer
 Wellness Pavilion
 820 Arlington Ave.
 Petoskey, MI
 p (231) 487-4200
 f (231) 487-7791

Cheboygan Location
 748 S. Main St.
 Cheboygan, MI
 p (231) 627-1368
 f (231) 627-1213

Gaylord Location
 1320 E. M-32
 Gaylord, MI
 p (231) 487-5080
 f (989) 705-8773

Outpatient Therapy Service Referral

Physical Therapy
 (Eval & Treat)

Occupational Therapy
 (Eval & Treat)

Speech - Language Pathology
 (Eval & Treat)

Evaluate, develop and implement plan of care per protocol.

Patient: _____ **D.O.B:** _____ **Onset Date:** _____

Diagnosis (Required): _____

Diagnosis Code (Required): _____

MODALITIES

- Hot Packs
- Cold Packs / Ice Massage
- Paraffin Bath
- Ultrasound
- Electrical Stimulation
- TENS
- Traction:
 - Cervical
 - Lumbar
- Fluidotherapy
- Iontophoresis
- Phonophoresis
- Whirlpool

SPLINTING

- Dynamic
- Static

WOMENS/MENS HEALTH

- (Petoskey Only)*
- Urinary incontinence
 - Fecal incontinence
 - Pelvic pain

THERAPEUTIC EXERCISE PROGRAMS

- ROM/Stretching/A/AA/PROM
- Strengthening Exercises
- Back Education Programs
- Isokinetics
- Home Educational Program
- Spine Stabilization
- Gait Training
- Post Surgical _____

SPEECH THERAPY

- Swallowing
- Videofluoroscopy Evaluation
- Voice Retraining
- Cognition
- NMES for Swallowing
- Speech/Language
- Other: _____

OTHER

- Spine Program
- Aquatic Therapy (Petoskey ONLY)
- Low Vision
- LSVT (Lee Silverman BIG/LOUD)
(Petoskey and Cheboygan Only)

MANUAL THERAPY

- Soft Tissue Mobilization
- Joint Mobilization

WOUND CARE PROGRAM

- Debridement: _____
- Dressing: _____

VESTIBULAR

- Vertigo
- Difficulty Walking
- Dizziness

LYMPHEDEMA

- (Petoskey and Cheboygan Only)*
- Edema
 - Mastectomy/lumpectomy
 - Lymph Node Removal
 - Venous Stasis Insufficiency

CANCER REHABILITATION

- Lymphedema
- Cancer Rehabilitation

Frequency/Duration of Treatment: _____ **Precautions:** _____

(Physician's Printed Full Name)

Date:

(Physician's Signature)

MEDICARE PHYSICIANS CERTIFICATION/RECERTIFICATION STATEMENT

I certify / recertify the need for rehabilitation every 30 days, according to Plan of Care, which was reviewed by me. The patient is under my active care.