THERAPY TREATMENT REFERRAL

ADDRESS/FACILITY
NAME OF SENDER
ADDRESS LINE 1
ADDRESS LINE 2
RAINTREE CODE

SOURCE

☐ PCP ☐ HOSPITAL ☐ SNF ☐ SPECIALIST ☐ ACO ☐ OTHER ______________

PATIENT INFO (OPTIONAL IF ATTACHING FACE SHEET)

NAME:______________________________ SS #:______________ DATE:____________
PHONE:______________________________ D.O.B.: ____________________________
P.O.A.:______________________________ CONTACT #: _________________________
P.O.A. ADDRESS: ____
MEDICARE/PRIMARY INSURANCE #: ______________________
SECONDARY INSURANCE/POLICY #: ______________________

IF POST-ACUTE FOLLOW-UP, EXPECTED DATE OF DISCHARGE:

DIAGNOSIS / REASON FOR REFERRAL / ADDITIONAL NOTES

DISCIPLINE TO EVALUATE & TREAT

☐ **PT/OT** ☐ **SLP** SPEECH-LANGUAGE PATHOLOGY ☐ **OT** OCCUPATIONAL THERAPY ☐ **PT** PHYSICAL THERAPY

EVALUATE & TREAT AS INDICATED

- ☐ Treatment of Swallowing Dysfunction / Oral Function
- ☐ Treatment of Speech, Voice, and Language Deficits
- ☐ Cognitive Skills Development
- ☐ Caregiver Education
- ☐ Dementia Management / Caregiver Training
- ☐ LSVT LOUD (where available)*
- ☐ ADL Training / Safety
- ☐ Home Safety Assessment
- ☐ Upper Extremity Prosthetic or Orthotic Fitting and Training
- ☐ Community Mobility Assessment (where available)*
- ☐ Driving Program (NJ, PA, DE)
- ☐ Therapeutic Exercise
- ☐ Balance Training
- ☐ Therapeutic Activity
- ☐ Coordination Proprioception Training
- ☐ Transfer Training
- ☐ Range of Motion
- ☐ Manual Therapy / Massage
- ☐ Pain Management
- ☐ Wheelchair Provision / Training
- ☐ Caregiver Education
- ☐ Lower Extremity Prosthetic or Orthotic Fitting and Training
- ☐ Provision of Assistive Device i.e. cane, walker
- ☐ Postural Training
- ☐ Gait / Endurance Training
- ☐ LSVT BIG Training (where available)*

☐ OTHER:____

**Discuss local availability with Account Manager*

PHYSICIAN / NP / PA

PRINT OR STAMP NAME:______________________________ NPI #: ________________
ADDRESS:______________________________ PHONE:________________
SIGNATURE:______________________________ DATE: ________________

☐ EVAL / TREAT AFTER:
SNF / HOME HEALTH PROVIDER:______________________________ PHONE: ________________

PHYSICAL, OCCUPATIONAL & SPEECH THERAPY

Life home therapy 70 S orange ave, Livingston NJ 07039

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