

**The Mead Therapy Center at Cypress Cove -  
Rehabilitation Services Referral Form**



Please fax referrals to 239-689-4364 or call 239-415-5131

Patient \_\_\_\_\_ Patient phone \_\_\_\_\_  
DOB \_\_\_\_\_ Diagnosis/ICD9# \_\_\_\_\_  
Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

**Physical Therapy**

- Evaluate and Treat**
- Therapeutic Exercise
- Manual Therapy
- Modalities – US, E-stim
- Neuromuscular Re-education
- Gait Training
- Fall prevention/Balance Evaluation/Training
- Vestibular Rehab
- Wheelchair/Seating Evaluation
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_

**Occupational Therapy**

- Evaluate and Treat**
- Therapeutic Exercise
- Neuromuscular Re-education
- Fine Motor Skill Development
- ADL Training
- Vestibular Rehab
- Splinting \_\_\_\_\_
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_

**Women’s Health**

- Evaluate and Treat**
- Osteoporosis Rehab
- Urinary Continence Rehab
- Pelvic Pain
- Ultrasound for Mastitis/Engorgement
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Precautions/X-ray findings \_\_\_\_\_

Physician signature \_\_\_\_\_ Printed \_\_\_\_\_

Date \_\_\_\_\_ Next physician appt. \_\_\_\_\_

**Speech-Language Pathology**

- Evaluate and Treat**
- Speech/Language/Cognitive Linguistics
- Swallowing
- Voice
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_

**Hand Therapy**

- Evaluate and Treat**
- Therapeutic Exercise
- Manual Therapy
- Fine Motor Skill Development
- Modalities-US, Paraffin
- Splinting
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_

**Cancer Rehab**

- Evaluate and Treat** – Physical Therapy
- Evaluate and Treat** – Occupational Therapy
- Evaluate and Treat** – Speech-Language Pathology

**Lymphedema** (Occupational Therapy)

- Manual Lymphatic Drainage and Bandaging
- Other \_\_\_\_\_
- Frequency \_\_\_\_\_ Duration \_\_\_\_\_