REHABILITATION SERVICES REFERRAL APPOINTMENT STATUS: 24 HOURS 48 HOURS ROUTINE	
 Wentworth–Douglass Hospital (Dover) WDH Professiona 65 Calef Highway Dover, NH 03820 (603) 740–2101 (603) 740–2185 (fax) WDH Professiona 65 Calef Highway Lee, NH 03824 (603) 868–8520 (603) 868–8526 	y 16 Jenkins Court Durham, NH 03824 (603) 868–2600
Therapy: 🗅 Physical Therapy 🕒 Occupational Therapy	□ Speech Therapy
Patient Name:	Telephone:
Diagnosis:	ICD10 Code: DOB:
Pertinent Medical Information (diagnostic results, etc.):	
PRECAUTIONS:	
	Time: □ Pre–OP □ Post–OP
Weight Bearing Status: FWB WBAT PWB	
	ne Program Only GHT Evaluation
<u>.</u>	er:
SPECIAL PROGRAMS	RECOMMENDATIONS & GOALS
ADLs	RECOMMENDATIONS & GOALS
Amputee Care	
□ Aquatic Therapy (Dover)	
□ Balance/Vestibular Evaluation & Treatment (Dover, Lee)	
Cardiac & Pulmonary Rehab (Dover)	
□ Certified Hand Therapist (Dover, Lee)	
Cognitive Retraining (Dover)	
Concussion Management (Dover)	
□ Cranial Sacral Therapy (Dover)	
□ Fall Prevention	
□ Functional Capacity Assessment (Dover)	
Graston Technique	
□ Incontinence Program – Adult (Dover)	
□ Job Site Assessment	
$\Box LSVT - BIG/Loud (Dover)$	Referring Provider or Practitioner
Lymphedema	(please print)
Neuro Day Program (Dover)	
Oncology Rehab	Referring Provider or Practitioner Phone #
Spine Treatment Center	Referring Flovider of Flactitioner Flore #
Splinting Splinting	
 Spine Treatment Center Transitional Aquatic Program (Dover) 	Drouider or Droatitionar Signature
 Transitional Aquatic Program (Dover) Transitional Rehab Program (Dover) 	Provider or Practitioner Signature I hearby certify that these services are medically necessary.
□ Videofluoroscopy (Dover)	
 Voice Training (Dover) 	
Wheelchair/Seating Clinic (Dover, Lee)	Date
	Date
Wentworth–Douglass Hospital	
REHAB REFERRAL FORM	
7091–72MR	
RS0610 Rev 09/13/16	

7091–72MR Rev. 09/13/16

RS0610