LifeCare THERAPY SERVICES

P: 866-718-5757 Admissions: 954-773-8315
F: 866-718-5759
email: referrals@lifecaretherapy.com

Therapy Referral & Orders

Patient Name: _____ DOB: _____

Telephone/Contact #: _____ HICN: _____

Please Evaluate & Treat For: ☐ Physical Therapy

☐ Occupational Therapy and ☐ ADL/Home Safety Assessment

☐ Speech/Language Therapy

Diagnosis(es): _____

_____

Precautions/Contraindications (if any): ☐ None OR Describe: _____

_____

Focus Areas:

☐ Fall Risk Assessment & Prevention	☐ Medications Management	☐ Behavioral Management Strategies
☐ Mobility Aid Recommendations	☐ Setting Up Schedule/Routine	☐ Cognitive Retraining
☐ DME Equipment Needs	☐ Training in Monitoring of Vital Signs	☐ Safe Swallow
☐ Pain Management Strategies	☐ Disease Education for Patient/Family	☐ Voice
☐ Strengthening & Endurance	☐ Pre/Post Operative Rehab	☐ _____

Ordered By: _____

_____

Phone Fax

_____

Physician/NPP Signature Date

Fax To: 866-718-5759

E-Mail To: referrals@lifecaretherapy.com