

Patient Name _____

Date of Birth _____

Patient Address _____

City _____

State _____

Zip _____

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Primary Phone _____

Secondary Phone _____

Insurance _____

Evaluate and treat:

PHYSICIAN/MEDICAL SERVICES

- Rehab Physician/Physiatry/PM&R*
 EMG *Indicate body part* _____ L / R / Bilateral

THERAPY SERVICES

- Occupational Therapy (OT) Aquatic Therapy (OT)
 Physical Therapy (PT) Aquatic Therapy (PT)
 Vestibular/Vertigo Therapy (PT)
 Speech/Cognitive Therapy* (ST)
 MBS/FEES/Swallow Eval* (ST)
 Aphasia Day Treatment* (PT/OT/ST)
 Cognitive Day Treatment* (PT/OT/ST)
 Pulmonary Rehab* (RT) - *PFT report may be required*

CONCUSSION CENTER

- Rehab Physician/Physiatry/PM&R*
 PT/Vestibular
 SLP/Cognitive*
 OT/Vision
 Neuropsychology*
 Psychology*/Counseling*

SPECIALTY SERVICES

- Prosthetic/Orthotic Clinic
 Wheelchair Assessment
 Nutrition Consultation
 Neuropsychology*
 Psychology*/Counseling*
 Traurig Transitional Living Center-Stroke & Brain Injury*
(includes aphasia or cognitive residential treatment program)
 X-ray Ultrasound CT Scan

Diagnosis/Reason to be seen

Date of Onset/Injury

Specific Orders (other treatment, frequency, duration)

Precautions

Referring Physician Name

(Please print) _____

Physician Signature

(Required to be valid) _____

Referral Date _____

Office

Phone _____ **FAX** _____

Office Location _____

Gaylord Physical Therapy

1154 Highland Ave, **Cheshire**, CT (203) 679-3533
 50 Berlin Road, **Cromwell**, CT (203) 284-3020
 ★ 28 Durham Road, **Madison**, CT ★ (203) 284-2929
 8 Devine Street, **North Haven**, CT (203) 230-9226

Gaylord Outpatient Services

50 Gaylord Farm Road, **Wallingford**, CT

Therapy Appointments (203) 284-2888
Rehab Physician Appointments (203) 284-2845

Transitional Living Referrals

(203) 741-3488 Fax: (203) 294-8766

*** THESE SERVICES MUST INCLUDE RECENT OFFICE NOTES AND PERTINENT IMAGING/LABS**