

Outpatient Rehabilitation Services Referral - RCP

Outpatient Rehabilitation Services Phone: (864) 455-8788 Fax: (864) 455-6342

Name:	Date of Referral:
Address:	DOB:
Daytime Phone:	Other Phone:
Diagnosis(es), ICD-10 Codes:	Insurance:

Frequency: _____ To be determined by therapist after evaluation OR _____ X per week X _____ weeks

Physical Therapy / Evaluate and Treatment

- Vestibular/Balance Amputee Program Lymphedema * LSVT BIG * Wound Care Ultraviolet A/B Light *
 Neuro Rehabilitation SCI Program Musculoskeletal

Occupational Therapy / Evaluate and Treatment

- Splinting Visual Perceptual Home Lab * Driver Rehab/Community Mobility Assessment Driving Health Inventory *
 Neuro Rehabilitation SCI Program

Speech Therapy / Evaluate and Treatment

- Modified Barium Swallow VitalStim LSVT LOUD * Fiberoptic Endoscopic Evaluation of Swallow (FEES) *

Brain Injury/Young Stroke Program * (*Interdisciplinary assessment by PT, OT, ST, Psychology, and Neuropsychology*)

Neuropsychological Evaluation (*Assessment of cognitive abilities such as memory, attention, executive skills, etc*)

Rehabilitation Psychology Consult (*Counseling for emotional distress and adjustment to illness/disability*)

Wheelchair Clinic * (OT or PT Evaluation)

Other: _____

Precautions: _____

Modalities: E-stim Ultrasound Paraffin Fluidotherapy Iontophoresis _____

*specialty services offered at specific locations

Signature of Physician

Date

Printed Physician Name

Physician Practice Phone Number

Roger C. Peace Outpatient

- BAPTIST EASLEY CAMPUS • CLEMSON CAMPUS • DOWNTOWN CAMPUS
- GREER CAMPUS • LAURENS CAMPUS • MAIN CAMPUS • SENECA CAMPUS