



REHABILITATION SERVICES
OUTPATIENT REFERRAL FORM

- Five checkboxes for UF Health Rehabilitation locations: Blanding, Emerson, Jacksonville, North, and Wildlight, each with address and contact information.

DATE
PATIENT NAME
DOB
DIAGNOSIS
ICD 10 DX CODE(S)
DATE OF ONSET OF CURRENT CONDITION
CONTRAINDICATIONS/PRECAUTIONS
INSURANCE
AUTH #
NO. OF VISITS
EXP DATE

PLEASE CHOOSE EVALUATE AND TREAT and SPECIALTY THERAPY TYPE, as indicated
(Orders must be signed by the attending physician or non-physician practitioner only)

- PHYSICAL THERAPY EVALUATE AND TREAT AS INDICATED
List of physical therapy services with checkboxes: Vestibular/Balance Training, Neuro Rehab, Ortho/Post-Op Rehab, Lymphedema Mgt, Pulmonary Management, Women's Health/Pelvic Rehab, TMJ/Craniofacial Rehab, Pediatric Rehab.

- OCCUPATIONAL THERAPY EVALUATE AND TREAT AS INDICATED
List of occupational therapy services with checkboxes: Hand/Upper Extremity Rehab, Orthosis, Motor/Manual Wheelchair Evaluation & Training, Seating and Positioning Evaluation & Training, Pediatric Rehab.

- SPEECH THERAPY EVALUATE AND TREAT AS INDICATED
List of speech therapy services with checkboxes: Speech, language and communication therapy, Cognitive Therapy, Modified Barium Swallow Study, Swallow Therapy, Pediatric Rehab.

Other INSTRUCTIONS:

I have examined the patient and determined that outpatient rehabilitation is medically necessary.

PHYSICIAN NAME IN PRINT

PHYSICIAN SIGNATURE AND ID #

REFERRAL COORDINATOR NAME AND PHONE/FAX #