ACHIEVE AT HOME
PHYSICAL & OCCUPATIONAL THERAPY

PHYSICAL THERAPY AND/OR OCCUPATIONAL THERAPY REFERRAL

NEW YORK (516) 500-8998 | CONNECTICUT (475) 454-4455 | FLORIDA (561) 910-7788
www.achieveathometherapy.com
info@achieveathometherapy.com

SOURCE

☐ PCP ☐ HOSPITAL ☐ SNF ☐ SPECIALIST ☐ ACO ☐ OTHER _____

PATIENT INFO (OPTIONAL IF ATTACHING FACE SHEET)

NAME: _____ SS #: _____ DATE: _____

PHONE: _____ D.O.B.: _____

P.O.A.: _____ CONTACT #: _____

P.O.A. ADDRESS: _____

MEDICARE/PRIMARY INSURANCE #: _____

SECONDARY INSURANCE/POLICY #: _____

IF POST-ACUTE FOLLOW-UP, EXPECTED DATE OF DISCHARGE: _____

DIAGNOSIS / REASON FOR REFERRAL / ADDITIONAL NOTES

DISCIPLINE TO EVALUATE & TREAT

☐ **PT** PHYSICAL THERAPY ☐ **OT** OCCUPATIONAL THERAPY

EVALUATE & TREAT AS INDICATED

PHYSICAL THERAPY

- ☐ Therapeutic Exercise
- ☐ Balance Training
- ☐ Therapeutic Activity
- ☐ Coordination / Proprioception Training
- ☐ Transfer Training
- ☐ Range of Motion
- ☐ Gait / Endurance Training
- ☐ Pain Management
- ☐ Manual Therapy / Massage
- ☐ Postural Training
- ☐ Wheelchair Provision / Training
- ☐ Lower Extremity Prosthetic or Orthotic Fitting and Training
- ☐ Provision of Assistive Device (i.e. cane, walker)
- ☐ Caregiver Education
- ☐ LSVT BIG Training (where available)
- ☐ Other: _____

OCCUPATIONAL THERAPY

- ☐ ADL Training / Safety
- ☐ Home Safety Assessment
- ☐ Upper Extremity Prosthetic or Orthotic Fitting and Training
- ☐ Community Mobility Assessment
- ☐ Driving Program (NJ, PA, DE)
- ☐ Cognitive Skills Development
- ☐ Caregiver Education
- ☐ Dementia Management / Caregiver Training
- ☐ Other: _____

PHYSICIAN / NP / PA

PRINT OR STAMP NAME: _____ NPI #: _____

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

PLEASE FAX TO (516) 447-4719 | OR EMAIL TO info@achieveathometherapy.com | Thank you for your referral!