

**GENERAL THERAPY REFERRAL FORM**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> <b>Adams Farm</b><br>5817 W. Gate City Blvd., Ste. 204<br>(formerly High Point Rd.)<br>Greensboro, NC 27407<br>Phone: 336-218-0531<br>Fax: 336-218-0562<br>PT | <input type="checkbox"/> <b>Brassfield</b><br>3800 Robert Porcher Way, Ste. 400<br>Greensboro, NC 27410<br>Phone: 336-282-6339<br>Fax: 336-282-6354<br>PT                 | <input type="checkbox"/> <b>Cancer Rehab Center</b><br>1904 North Church Street<br>Greensboro, NC 27405<br>Phone: 336-271-4940<br>Fax: 336-271-4941<br>PT          | <input type="checkbox"/> <b>Church Street</b><br>1904 North Church Street<br>Greensboro, NC 27405<br>Phone: 336-271-4840<br>Fax: 336-271-4921<br>PT |
| <input type="checkbox"/> <b>Madison</b><br>401 A W. Decatur St.<br>Madison, NC 27025<br>Phone: 336-548-5996<br>Fax: 336-548-4753<br>PT   | <input type="checkbox"/> <b>MedCenter – High Point</b><br>2630 Willard Dairy Road, Ste. 201<br>High Point, NC 27265<br>Phone: 336-884-3884<br>Fax: 336-884-3885<br>PT, OT | <input type="checkbox"/> <b>MedCenter – Kernersville</b><br>1635 NC 66 South, Ste. 255<br>Kernersville, NC 27284<br>Phone: 336-992-4820<br>Fax: 336-992-4821<br>PT |   |

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Medical Diagnosis:** \_\_\_\_\_ **Reason for Referral:** \_\_\_\_\_  
**Patient Contact Info: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**PHYSICAL THERAPY SERVICES**  
*Check Appropriate Treatment:*

<input type="checkbox"/> Evaluate and Treat: _____	<input type="checkbox"/> Functional Capacity Evaluation ( <i>Church Street Only</i> )
<input type="checkbox"/> Balance / Fall Prevention	<input type="checkbox"/> Incontinence Program ( <i>Brassfield Location Only</i> )
<input type="checkbox"/> Iontophoresis - 4 mg/mL of dexamethasone	<input type="checkbox"/> Lymphedema Treatment ( <i>Cancer Rehab Center Only</i> )
<input type="checkbox"/> T.E.N.S. Unit Evaluation and Dispense As Indicated	<input type="checkbox"/> Osteoporosis/Osteopenia ( <i>Brassfield and Kernersville sites only</i> )
<input type="checkbox"/> Work Conditioning	<input type="checkbox"/> Pelvic Pain Program ( <i>Brassfield Location Only</i> )
	<input type="checkbox"/> Pilates-based therapy ( <i>Church St., Brassfield, &amp; Adams Farm only</i> )

**OCCUPATIONAL THERAPY** (*High Point, Neuro Rehab only*)

Evaluate and Treat:  
\_\_\_\_\_

**MD Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please provide the following information when faxing a referral**  
**The outpatient rehab center will call the patient to schedule an appointment**

**Referral from:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
 (Office Name)  
**Office Contact:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Primary MD:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_  
 (if different from referring MD)

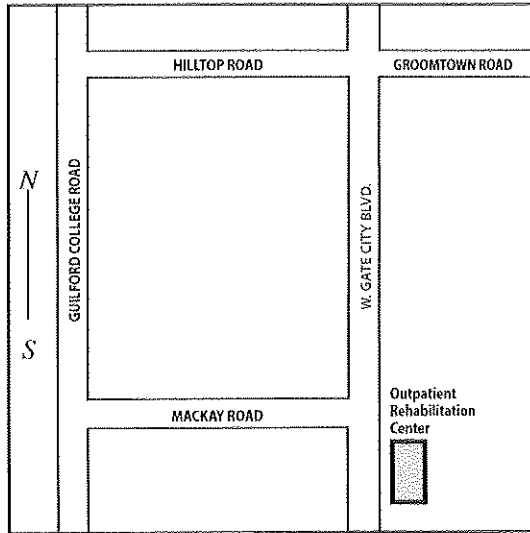
**OR**

**Workers Comp Case Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**# Authorized Visits** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

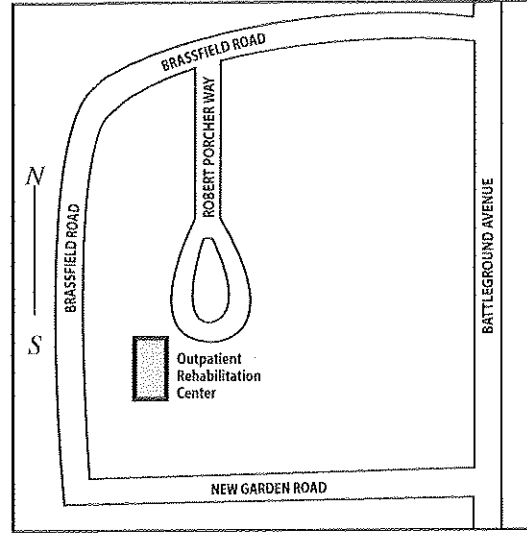
**Please fax the patient's history and physical findings in order to assure the most thorough treatment**

\*\*\*\* See reverse side for the map to the facility \*\*\*\*

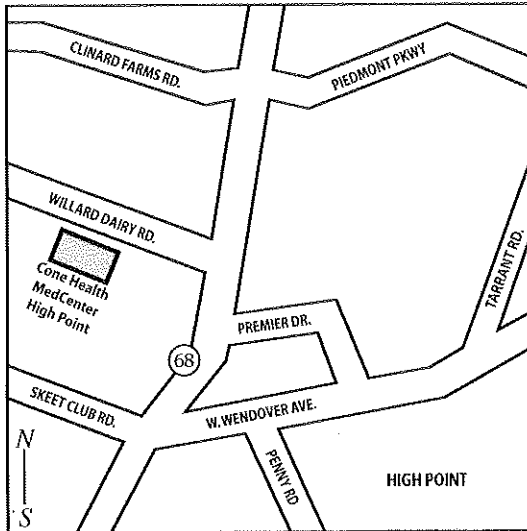
**ADAMS FARM**  
 5817 W. Gate City Blvd, Suite 204  
 Greensboro, NC 27407



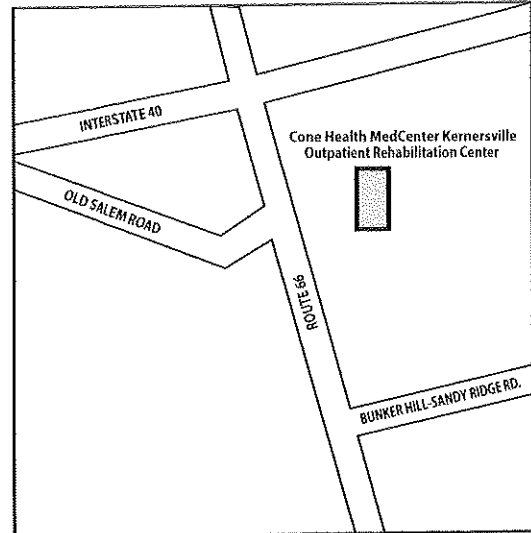
**BRASSFIELD**  
 3800 Robert Porcher Way, Suite 400  
 Greensboro, NC 27410



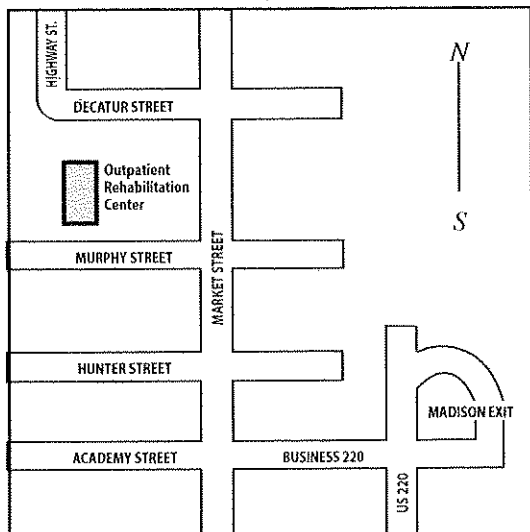
**HIGH POINT**  
 2630 Willard Dairy Road, Suite 201  
 High Point, NC 27265



**KERNERSVILLE**  
 1635 NC 66 South, Suite 255  
 Kernersville, NC 27284



**MADISON**  
 401 A. West Decatur Street  
 Madison, NC 27025



**CHURCH STREET**  
 1904 North Church Street  
 Greensboro, NC 27405

