

# PRESCRIPTION REFERRAL FORM

**FOUR OUTPATIENT LOCATIONS FOR YOUR CONVENIENCE (see reverse for location maps)**

Please mark your desired location:

<input type="checkbox"/> <b>Hampton Cove</b> 262 Sutton Road Owens Cross Roads, AL 35763	<input type="checkbox"/> <b>Jones Valley Wellness Center</b> 1345 Four Mile Post Road Huntsville, AL 35802
<input type="checkbox"/> <b>Madison Medical 1</b> 1041 Balch Rd, Ste. 160 Madison, AL 35758	<input type="checkbox"/> <b>Medical Mall</b> 1963 Memorial Pkwy, Ste. 12 Huntsville, AL 35801

Patient Name: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Next Physician Visit: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Frequency/Duration: \_\_\_\_\_

Comments/Precautions/Goals: \_\_\_\_\_

## PHYSICAL/OCCUPATIONAL/SPEECH THERAPY EVALUATE & TREAT

**Orthopedic/General**

- \_\_\_ Exercise Program
- \_\_\_ ROM
- \_\_\_ Strengthening
- \_\_\_ Home Exercise Program
- \_\_\_ Back Care Education/Body Mechanics
- \_\_\_ Pool/Aquatic Therapy

**Modalities**

- \_\_\_ Of Choice
- \_\_\_ Massage
- \_\_\_ TENS
- \_\_\_ Dry Needling
- \_\_\_ Ultrasound
- \_\_\_ Electric Stimulation
- \_\_\_ Traction (Pelvic/Cervical)

**Modalities with Medication**

- (must be specifically ordered by physician)*
- \_\_\_ Ionto w/4mg/ml Dexamethasone
  - \_\_\_ Ionto w/5% Acetic Acid
  - \_\_\_ Phonophoresis w/10% Hydrocortisone

**Neuro Rehab**

- \_\_\_ Physical Therapy
- \_\_\_ Occupational Therapy
- \_\_\_ Speech Therapy
- \_\_\_ Vestibular/Balance and Gait Training
- \_\_\_ Cognitive/Perceptual
- \_\_\_ Parkinson's Care Clinic (PT/OT/ST Eval & Treat)
- \_\_\_ SPEAK OUT!® Speech Treatment
- \_\_\_ LSVT

**Other Therapy Services**

- \_\_\_ Power Wheelchair Assessment
- \_\_\_ Physical Capacity Evaluation
- \_\_\_ Work Hardening
- \_\_\_ Pelvic Floor Therapy (*Medical Mall Only*)
- \_\_\_ Laryngectomy Management (*Medical Mall Only*)
- \_\_\_ Lymphedema Program - Complete Decongestive Therapy (CDT) (*Medical Mall & Madison*)
- \_\_\_ Swallowing Therapy w/NMES
- \_\_\_ Modified Barium Swallow (*HH Main & Madison only*)
- \_\_\_ FEES (Fiberoptic Endoscopic Evaluation of Swallowing)

**Other:** \_\_\_\_\_

**Note: Worker's Compensation employees must be pre-authorized before beginning therapy services.**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*No stamped signatures, please.**

**Your therapy appointment is scheduled for:**

Mon.  Tues.  Wed.  Thur.  Fri.

Date: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. at the following location:

Hampton Cove  Jones Valley  
 Madison Medical 1  Medical Mall

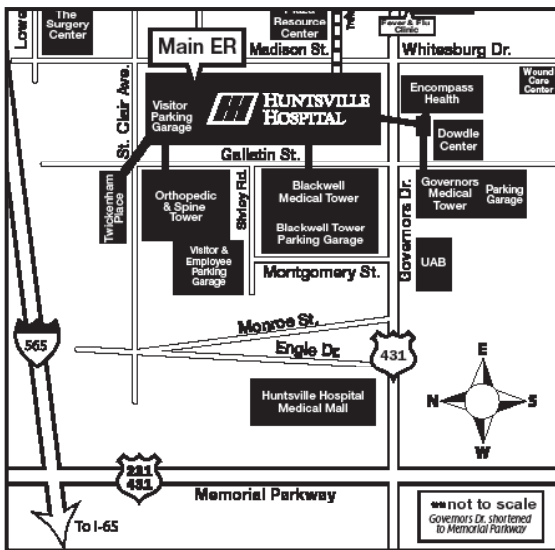
**Note the following:**

- Please bring physician’s order, picture ID, insurance cards and the list of medications you are currently taking to your first appointment.
- Wear loose, comfortable clothing to your appointment.
- Arrive 15-30 minutes before your appointment time to complete paperwork.
- If you think you are going to be late, please call to reschedule.

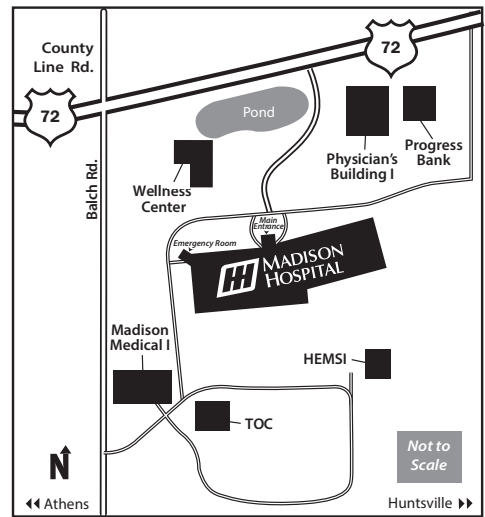
**For your information/protection:**

Certain insurance companies have visit limits for therapy services and could require your services to be authorized prior to beginning therapy. It is your responsibility, as the guarantor and policyholder, to contact your insurance company to determine if physical, occupational and/or speech therapy are covered benefits under your contract. It is also recommended that you check regarding visit limits and pre-certification requirements.

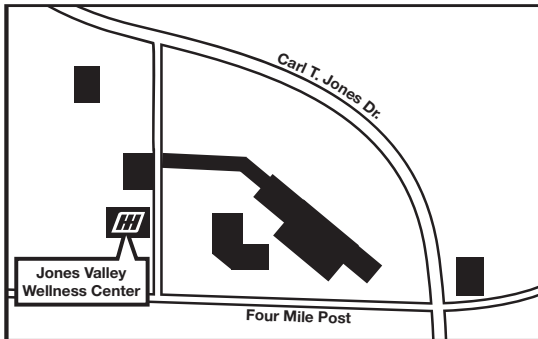
**Huntsville Hospital & Medical Mall**



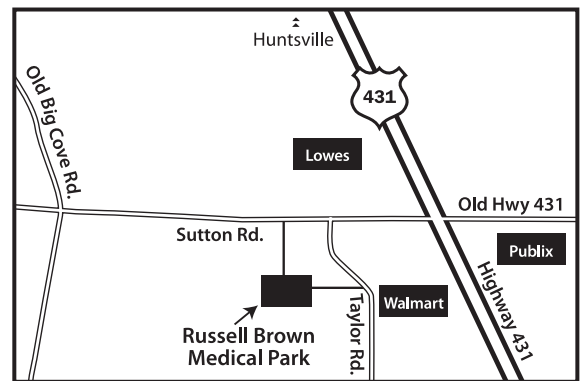
**Madison Medical 1**



**Jones Valley Wellness Center**



**Russell Brown Medical Park**



**Hampton Cove** · (256) 265-0364 · f: (256) 265-0362

**Jones Valley Wellness Center** · (256) 265-0180 · f: (256) 265-0186

**Madison Medical 1** · (256) 817-5599 · f: (256) 817-5598

**Medical Mall** · (256) 265-7101 · f: (256) 265-6655

*Thank you for choosing us for your therapy needs!*