

Snoqualmie Hospital Rehabilitation Clinic



Referral Form

9801 Frontier Avenue SE, Snoqualmie, WA 98065
425-831-2376 fax 425-831-3071

Patient Information

Name: _____ Birthdate: _____

Patient Phone #: _____ Insurance: _____

Diagnosis: _____

Date of Follow Up Appointment with Physician: _____

(Please check ALL services that apply)

Physical Therapy

- Evaluate and Treat
- Frequency _____ Duration _____
- Neuro Rehab Services
- Balance and Vestibular Therapy
- Pre & Post Surgical Treatment / Education
- Sports Medicine/Training
- Spine Care
- Pain Management
- Postural Assessment/Training
- Manual Therapy
- Lymphedema Therapy/AM & PM Garments
- Myofascial Release (MFR)

Occupational Therapy

- Evaluate and Treat
- Frequency _____ Duration _____
- Neuro Rehab Services
- Hand Therapy Services
- Custom Upper Extremity Orthosis
- Wheelchair Seating and Positioning
- Durable Medical Equipment Fitting & Training
- Self-Care Management Training
- Ergonomic Assessment/Recommendation

Speech Therapy

- Evaluate and Treat
- Frequency _____ Duration _____
- Neuro Rehab Services
- Cognitive-Communication Assessment
(Memory Impairment, Attention, Executive Functions)
- Communication Assessment
(Aphasia, Apraxia, Dysarthria)
- Voice
- Swallowing

Special Instructions

Physician Name (printed)

Signature

Date