

To Make Appointment, call: **224.783.6128**

Para pedir una cita llame al

Please see reverse side for Sherman Rehabilitation Services outpatient locations.

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ALTERNATE #: \_\_\_\_\_

SYMPTOMS; DX #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

RESULTS: \_\_\_\_\_

Fax Results: ( ) \_\_\_\_\_

Call Results: ( ) \_\_\_\_\_

PHYSICIAN NAME PRINT OR STAMP: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

Non-Staff MD NPI: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

Add'l. Result Copies To: \_\_\_\_\_

**PHYSICAL THERAPY / OCCUPATIONAL THERAPY  
EVALUATE & TREAT**

**SPEECH THERAPY  
EVALUATE & TREAT**

FREQUENCY \_\_\_\_\_ DURATION \_\_\_\_\_

<b>MANUAL</b> <input type="checkbox"/> Soft Tissue Mobilization <input type="checkbox"/> Joint Mobilization <input type="checkbox"/> Neuromuscular Reeducation <input type="checkbox"/> Other _____ <b>THERAPEUTIC EXERCISE</b> <input type="checkbox"/> PROM / AAROM / AROM <input type="checkbox"/> Strengthening <input type="checkbox"/> Gait Training <input type="checkbox"/> Home Exercise Program <b>SPECIALITY PROGRAMS</b> <input type="checkbox"/> Aquatic Therapy <input type="checkbox"/> Continence Program <input type="checkbox"/> Lymphedema Management <input type="checkbox"/> Vestibular Rehabilitation <input type="checkbox"/> Women's Health <input type="checkbox"/> Wound Care <input type="checkbox"/> Fibromyalgia Management	<input type="checkbox"/> Hand Rehabilitation/ Occupational Therapy <input type="checkbox"/> Splint _____ <b>MODALITIES</b> <input type="checkbox"/> Ultrasound <input type="checkbox"/> Phonophoresis (Hydrocortisone) <input type="checkbox"/> Iontophoresis (Dexamethasone) <input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Fluidotherapy <input type="checkbox"/> TENS rental <input type="checkbox"/> Paraffin <input type="checkbox"/> Moist Heat <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Traction <input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Phototherapy	<input type="checkbox"/> <b>Videofluoroscopic Swallow Study</b>  <input type="checkbox"/> <b>Dysphagia</b>  <input type="checkbox"/> <b>Speech/Language/Cognitive</b>
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Additional Instructions:

PRECAUTIONS/HX \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

In making this referral, physician certifies that prescribed rehabilitation is a medical necessity.



**OUTPATIENT REHABILITATION  
SERVICES REFERRAL FORM**



## Advocate Sherman Rehabilitation Services Locations

Please call 224.783.6128 to schedule an appointment.

<p><b>Advocate Sherman Hospital</b> 1425 N. Randall Rd. Elgin, IL 60123 Fax: 224.783.2131</p>	<p><b>Advocate Sherman Outpatient Center</b> 600 South Randall Road Algonquin, IL 60102 Fax: 224.783.4378</p>
<p><b>Advocate Sherman Wellness Center</b> The Centre of Elgin 100 Symphony Way Elgin, IL 60120 Fax: 847.742.4541</p>	<p><b>Advocate Sherman Outpatient Center</b> 2000 McDonald Rd. South Elgin, IL 60177 Fax: 224.783.5034</p>
<p><b>Advocate Sherman Health Imaging &amp; Advocate Sherman Outpatient Center</b> 745 Fletcher Dr. Suite 103 Elgin, IL 60123 Fax: 224.783.4703</p>	<p><b>Advocate Sherman ParkPlace</b> 550 South Park Boulevard Streamwood, IL 60107 Fax: 630.483.8763</p>

### SERVICES AVAILABLE

**Physical      Occupational      Speech Therapy**

**Hand Therapy**

**Aquatic Therapy**

**Sports Medicine Rehab**

**Woman's Health**

**Vestibular Rehab**

**Continence Management**

Please call 224.783.6128 to schedule an appointment.

 Advocate Sherman Hospital

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SERVICES REFERRAL FORM**