

# Salem Health Rehabilitation Center

## Referral Form



SALEM HEALTH  
An OHSU Partner

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Diagnosis/ICD-10: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Insurance/ID #: \_\_\_\_\_ Authorization/Referral #: \_\_\_\_\_

Patient to Call & Schedule:  Yes  No Needs Interpreter, Language: \_\_\_\_\_

**\*\*Please send chart notes specific to this referral\*\***

Fax Orders: 503-561-4918

Phone: 503-561-5904

<p><b>NEURO PHYSICAL THERAPY (Adults &amp; Peds)</b></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vestibular</li> <li><input type="checkbox"/> Wheelchair Seating and Mobility Assessment</li> <li><input type="checkbox"/> Orthotics/Prosthetics</li> <li><input type="checkbox"/> Incontinence/Pelvic Floor Rehab</li> <li><input type="checkbox"/> Aquatic Therapy</li> <li><input type="checkbox"/> Fall Prevention Assessment</li> <li><input type="checkbox"/> Independent Aquatic Therapy Program (STAR)</li> <li><input type="checkbox"/> Lee Silverman BIG Training (Parkinson's)</li> <li><input type="checkbox"/> Myofascial Pain</li> </ul> <p>Other: _____</p>	<p><b>ORTHO PT/SPORTS MEDICINE</b></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aquatic Therapy</li> <li><input type="checkbox"/> Lymphedema (upper extremity only)</li> <li><input type="checkbox"/> Independent Aquatic Therapy Program (STAR)</li> </ul> <p>Other: _____</p>
<p><b>NEURO OCCUPATIONAL THERAPY (Adults &amp; Peds)</b></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Neurological Dysfunction</li> <li><input type="checkbox"/> Splinting</li> <li><input type="checkbox"/> Vision</li> <li><input type="checkbox"/> Sensory Feeding/Oral Aversion</li> <li><input type="checkbox"/> Safe Driving Evaluation</li> </ul> <p>Other: _____</p>	<p><b>WORK INJURY MANAGEMENT (PT &amp; OT)</b> Fax Order: 503-561-4945 Phone: 503-561-5992</p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PCE (Physical Capacity Evaluation 2)</li> <li><input type="checkbox"/> Closing Measurements (PCE 1)</li> <li><input type="checkbox"/> WCE (Work Capacity Evaluation)</li> <li><input type="checkbox"/> Work Conditioning</li> </ul> <p>Other: _____</p>
<p><b>SPEECH AND LANGUAGE THERAPY (Adult &amp; Peds)</b></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speech - Language</li> <li><input type="checkbox"/> Lee Silverman Voice Treatment (Parkinson's)</li> <li><input type="checkbox"/> Swallow Eval/Mod Barium Study and Swallow Therapy with Esophagram if needed</li> </ul> <p>Other: _____</p>	<p><b>HAND THERAPY (OCCUPATION THERAPY)</b></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Custom Splinting</li> </ul> <p>Other: _____</p>
<p><b>PSYCHOLOGY SERVICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate and treat for psychological/behavioral issue</li> <li><input type="checkbox"/> Comprehensive neuropsychological testing 3-5 hours</li> <li><input type="checkbox"/> Psychological Cognitive Screen</li> </ul>	<p><b>MULTI-DISCIPLINARY PAIN PROGRAM (MDPR)</b> <i>(Comprehensive evaluation by Psychology, Physical Therapy, Therapy, Occupational Therapy, if screening criteria is met)</i></p> <p><input type="checkbox"/> <b>EVALUATE AND TREAT</b></p>
<p><b>COMMENT:</b></p>	

REFERRING PHYSICIAN (please print): \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ TIMES PER WEEK FOR \_\_\_\_\_ WEEKS.

Date and Time: \_\_\_\_\_

PHYSICIAN SIGNATURE: (I certify that the above services are required on an outpatient basis.) Must be signed by MD, DO, PAC or NP (No signature stamps)

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### **Neuro Physical Therapy**

Neuro Physical Therapy is designed to evaluate and treat patients of all ages with neurological disorders of all types. Specialty areas include, pelvic floor issues, vestibular, amputee, wheelchair seating and mobility assessments/training and pediatrics.

### **Neuro Occupational Therapy**

Neuro Occupational therapists provide skilled evaluation and treatment to help people who have had an illness or accident return to their purposeful daily tasks at home and/or work by maximizing their physical, visual perceptual, emotional, cognitive potential through the use of adaptive equipment, techniques, and/or re-education of motor skills.

### **Speech and Language Therapy**

The Outpatient Speech-Language Pathology program in the Neuromuscular Department at Salem Health offers a variety of services for both pediatrics and adults. Services include evaluation and treatment for speech, language, cognitive, and swallowing/feeding disorders. Related disorders may include (but are not limited to) aphasia, apraxia, autism spectrum disorder, dementia, developmental speech and/or language delay, dysphagia, cerebral palsy, phonological disorder, stroke, stuttering, and traumatic brain injury. In some cases, augmentative-alternative communication (e.g., pictures, gestures, signs, speech generating device) may need to be considered. The program also offers certified Lee Silverman Voice Treatment for patients with neurologically-based voice disorders including Parkinson disease.

### **Psychology**

Out-patient Psychology at Salem Health focuses on the following services:

Living well with physical disability or chronic illness (adjustment and acceptance), chronic pain (including fibromyalgia, chronic fatigue and headache), sleep disorders, assessment for and follow-up after bariatric surgery, palliative care, and bereavement, psychosocial issues in oncology, trauma-distress/post-traumatic stress disorder, depression and anxiety especially related to or affecting medical and/or rehabilitation issues, biofeedback, neurofeedback, and heart rate variability training, mindfulness (including mindfulness based stress reduction training), Neuro-psychological.

### **Orthopedic PT/Sports Medicine Hand Therapy/Occupational Therapy**

Orthopedic physical therapy is designed to meet the needs of patients who have limitations relating to a specific joint, muscle/tendon, bone, recent orthopedic surgery or upper extremity lymphedema without significant mobility issues. Hand therapy is designed to meet the needs of patients who have limitations in the shoulder, elbow, wrist and hand, relating to a specific joint, muscle/tendon, bone or recent orthopedic surgery.

### **Work Injury Management (PT & OT)**

Orthopedic physical therapy and occupational/hand therapy designed to meet the needs of patients who have a work related injury. Work Injury Management also specializes in physical capacity evaluations and job specific work conditioning up to 2 hrs per day.