



One Medical Center Drive  
P.O. Box 626  
Biddeford, ME 04005-0626  
(207) 283-7000

# OUTPATIENT REHABILITATION REFERRAL

**SMMC Diagnostic & Therapy Center  
Kennebunk**  
4 Shape Drive  
Kennebunk, Maine 04043  
Phone: (207) 467-6999 / Fax: (207) 467-6996

**SMMC Therapy Center  
Saco**  
41 Spring Hill Road  
Saco, Maine 04072  
Phone: (207) 294-8181 / Fax: (207) 294-8188

**SMMC Diagnostic & Therapy Center  
Biddeford**  
9 Healthcare Drive  
Biddeford, ME 04005  
Phone: (207) 602-7034 / Fax: (207) 283-1753

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Diagnosis(es) Pertinent to Rehabilitation Referral: \_\_\_\_\_

Date of Onset: \_\_\_/\_\_\_/\_\_\_  **OR** Long-standing Condition: \_\_\_\_\_  
MM DD YY Approximate Time Frame

Pertinent medications/clinical findings/precautions: \_\_\_\_\_

- Physical Therapy: Eval & Treat**
- Occupational Therapy: Eval & Treat**
- Speech Language Pathology: Eval & Treat**

- Iontophoresis**  **Phonophoresis**
- \_\_\_ w/ Dexamethasone \_\_\_ w/ Fluocinonide
- \_\_\_ w/ Acetic Acid \_\_\_ w/ Hydrocortisone

### SPECIALIZED OUTPATIENT PROGRAM:

- Neuro Rehab: PT, OT, ST
- Driving Evaluation: OT
- Aquatic Therapy: PT **2x/wk**
- Hand Therapy / Splinting: OT
- Balance / Vestibular: PT
- Incontinence / Pelvic Floor: PT
- Functional Capacity Eval: OT
- Dysphagia Therapy (Swallow Program): ST

Specific Instructions: \_\_\_\_\_

### FREQUENCY & DURATION: (required to implement services)

- As determined by Therapist
- As specified \_\_\_\_\_ per week for \_\_\_\_\_ weeks

Physician Signature (required): \_\_\_\_\_  
Date (required): \_\_\_\_\_