

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Patient Contact Info: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Physical Therapy Eval & Treat as needed**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Occupational Therapy Eval & Treat as needed**  
 (Please indicate if Splint is needed below)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Speech Language Pathology Eval & Treat as needed**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specialty services or therapies (please indicate as needed). Refer to therapy locations on the back for specialty services.

- Amputee and Prosthetic Program (PT)
- Balance and Fall Prevention Program (PT)
- Bioness (Functional Electrical Stimulation) (PT, OT)
- Stroke Rehab (PT, OT, SLP)
- Dysphagia Therapy (SLP)
- Iontophoresis- 4mg/ml Dexamethasone (PT, OT)
- Low Vision Program (OT)
- Parkinson's Disease Program (PT, OT, SLP)
- Vestibular Rehab Program (PT)
- Wheelchair/Seating Assessment (PT/OT)
- Dry Needling (PT)
- Pelvic Floor/Incontinence Treatment (PT)
- Lymphedema Treatment/Cancer Rehab (PT, OT)
- Pediatric Therapy (PT, OT, SLP)
- Functional Capacity Evaluation (FCE)
- Aquatic Therapy (PT, OT)
- Wound Care (PT)

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please provide the following information when faxing a referral.  
 The outpatient rehab center will call the patient to schedule an appointment.*

Referral from: \_\_\_\_\_ Phone: \_\_\_\_\_

Office contact: \_\_\_\_\_ Fax: \_\_\_\_\_

 Primary MD: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 (If different from referring MD)

Worker's Comp Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

# Authorized visits \_\_\_\_\_ Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_



	General Orthopedics	Amputee/Prosthetics	Balance/Fall prevention	Bioness E-stim	Stroke Rehab	Parkinson's program	Vestibular Rehab	Wheelchair/Seating Assessment	Dry Needling	Pelvic floor/Incontinence	Lymphedema/Cancer Rehab	Pediatrics	Functional Capacity Evaluations (FCE)	Aquatic Therapy	Blood Flow Restriction (BFR)	Custom Shoe Orthotics	Wound Care
--	---------------------	---------------------	-------------------------	----------------	--------------	---------------------	------------------	-------------------------------	--------------	---------------------------	-------------------------	------------	---------------------------------------	-----------------	------------------------------	-----------------------	------------

<b>Alamance County</b>																	
Outpatient Rehab at Alamance (PT, OT, SLP)	X	X	X	X	X	X	X	X	X	X	X						
Pediatric Rehab at Burlington (PT, OT, SLP)												X					
Physical and Sports Rehab at Burlington (PT)	X		X						X		X						
Mebane Physical Therapy (PT)	X	X	X		X		X		X	X			X		X		
<b>Forsyth County</b>																	
MedCenter Kernersville (PT)	X		X		X		X		X					X	X		
<b>Guilford County</b>																	
Outpatient Rehab at Adam's Farm (PT, OT, SLP)	X		X		X	X	X		X								
Neurorehabilitation at Brassfield (PT, OT, SLP)			X		X	X	X		X								
Brassfield Specialty Clinic (PT)	X		X				X		X	X	X				X		
Outpatient Rehab at Church St. (PT)	X		X												X		
Pediatric Rehab at Church St (PT, OT, SLP)												X					
Horse Pen Creek Rehab (PT)	X		X		X				X							X	
MedCenter Greensboro at Drawbridge Pkwy (PT)	X		X						X					X	X		
MedCenter High Point (PT)	X		X		X	X	X		X								
MedCenter for Women (PT)										X							
3 <sup>rd</sup> St. Neuro Rehab (PT, OT, SLP)		X	X	X	X	X	X	X	X					X			
OrthoCare (PT, OT)	X	X	X		X		X		X						X		
<b>Rockingham County</b>																	
Outpatient Rehab at Madison (PT)	X		X		X				X								
Outpatient Rehab at Reidsville Clinic (PT, OT, SLP)	X	X	X		X	X	X	X	X	X	X	X		X			X

**ALAMANCE COUNTY**  
**Cone Health Outpatient Rehabilitation at Alamance Regional**  
 1240 Huffman Mill Rd.  
 Burlington, NC 27215  
 Phone: 336-538-7500  
 Fax: 336-538-7529

**Cone Health Pediatric Rehabilitation Center at Burlington**  
 519 Boone Station, Suite 108  
 Burlington, NC 27215  
 Phone: 336-278-8700  
 Fax: 336-278-8701

**Cone Health Physical & Sports Rehabilitation Clinic**  
 2282 S Church St.  
 Burlington, NC 27215  
 Phone: 336-538-7504  
 Fax: 336-226-1799

**Cone Health Mebane Physical Therapy**  
 102-A Medical Park Drive  
 Mebane, NC 27302  
 Phone: 919-304-5060  
 Fax: 919-304-5061

**FORSYTH COUNTY**  
**Cone Health MedCenter Kernersville**  
 1635 NC 66 South, Suite 255  
 Kernersville, NC 27284  
 Phone: 336-992-4820  
 Fax: 336-992-4821

**GUILFORD COUNTY**  
**Cone Health Outpatient Rehabilitation at Adams Farm**  
 5815 W Gate City Blvd.  
 Greensboro, NC 27407  
 Phone: 336-218-0531  
 Fax: 336-218-0562

**Neurorehabilitation at Brassfield**  
 3800 Robert Porcher Way, Suite 400  
 Greensboro, NC 27410  
 Phone: 336-890-4270  
 Fax: 336-890-4271

**Cone Health Brassfield Specialty Rehab**  
 3107 Brassfield Rd, Suite 100  
 Greensboro, NC 27410  
 Phone: 336-890-4410  
 Fax: 336-890-4413  
 (orthopedic/pelvic floor)  
 Fax: 336-890-4414 (Cancer rehab)

**Cone Health Physical Therapy & Orthopedic Rehabilitation /Outpatient Pediatric Rehabilitation**  
 1904 N Church St.  
 Greensboro, NC 27405  
 Phone: 336-271-4840  
 Fax: 336-271-4921

**LeBauer Healthcare at Horse Pen Creek**  
 4443 Jessup Grove Rd.  
 Greensboro, NC 27410  
 Phone: 336-663-4600  
 Fax: 336-663-4610

**Cone Health MedCenter Greensboro at Drawbridge Parkway**  
 3518 Drawbridge Pkwy, Suite 115  
 Greensboro, NC 27410  
 Phone: 336-890-2980  
 Fax: 336-890-2977

**Cone Health MedCenter High Point**  
 2630 Willard Dairy Rd., Suite 201  
 High Point, NC 27265  
 Phone: 336-884-3884  
 Fax: 336-884-3885

**Cone Health MedCenter for Women**  
 930 Third St., Room 111  
 Greensboro, NC 27405  
 Phone: 336-890-4410  
 Fax: 336-890-4413

**Cone Health Neurorehabilitation Center**  
 912 3<sup>rd</sup> St., Suite 102  
 Greensboro, NC 27405  
 Phone: 336-271-2054  
 Fax: 336-271-2058

**Cone Health OrthoCare**  
 1211 Virginia St., 2<sup>nd</sup> floor  
 Greensboro, NC 27401  
 Phone: 336-275-0927  
 Fax: 336-235-4383

**ROCKINGHAM COUNTY**  
**Cone Health Outpatient Rehabilitation at Madison**  
 401-A W Decatur St.  
 Madison, NC 27025  
 Phone: 336-548-5996  
 Fax: 336-548-0047

**Cone Health Outpatient Rehabilitation at Reidsville**  
 730 S Scales St, Suite A  
 Reidsville, NC 27320  
 Phone: 336-951-4557  
 Fax: 336-951-4546