



Outpatient Rehabilitation Services

evergreenhealth.com

12039 NE 128th Street, Suite 200 • Kirkland, WA 98034

Date: _____

Patient: _____ DOB: _____

Diagnosis: _____

Frequency/Duration: _____

Patient's phone: _____

Neurological Rehabilitation:

425.899.3100 fax: 425.899.3670

Orthopedic Rehabilitation:

425.899.1960 fax: 425.899.3670

Rehabilitation Medicine:

425.899.3139 fax: 425.899.3131

PHYSICAL THERAPY

- Evaluate and Treat
- Manual Therapy
- Therapeutic Exercise
- Neuromuscular Re-education
- Gait Training
- Orthotics/Splinting: _____
- Modalities (ultrasound, heat, e-stim, cold laser therapy, other): _____

OCCUPATIONAL THERAPY

- Evaluate and Treat
- Manual Therapy
- Therapeutic Exercise
- Neuromuscular Re-education

SPEECH THERAPY

- Swallow Evaluate and Treat
- Modified Barium Swallow and Treat
- Cognitive Screen and Treat
- Speech/Language/Voice Evaluate and Treat

SPECIALTY PROGRAMS – Evaluate and Treat

- Lymphedema
- Hand Therapy
- Vestibular Rehab
- Driving Assessment
- Balance and Fall Prevention
- Women's Health

PHYSICAL MEDICINE AND REHABILITATION CONSULTATION

- Neuro-Rehab (stroke, spinal cord injury, brain injury, other neurological disorders)
- Musculoskeletal Rehab (muscle, joint, and spine disorders)
- Electrodiagnostic Exam (electromyography, nerve conduction studies)

Reason for PM&R consult: _____

Precautions/Protocols/Comments: _____

Physician's Name: _____

Signature*: _____

**Signature indicates services are medically necessary.*

For directions, see map on back.