

Referral Assistance Guide

Deciding if you or your client needs therapy is not always black and white. This guide gives you an idea of what problems and symptoms a Visiting Rehab Services' Physical or Occupational Therapist can assist you with, and how to make a referral.

You Can Simply Fax This Completed Guide to (508)409-3646.

Do you find yourself in any of these situations? □ recently been discharged from homecare and need continuing therapy services □ need a upper extremity and/or lower extremity home exercise program to maintain/prevent issues □ need to be evaluated for a wheelchair and/or other adaptive equipment □ have fallen or have a fear of falling	How You Can Make a Referral: Phone (774)991-1875 Fax (508)409-3646 Online www.VisitingRehabServices.com Click on make a referral Information You Need To Make A Referral: First Name:
Are you having any of the following	☐ Last Name:
symptoms?	☐ Phone Number:
□having weakness and/or pain in your arms □ having weakness and/or pain in your legs □ takes longer to complete an activity like getting dressed or washed-up □ feel unsteady on your feet	☐ Date of Birth:
	☐ Medicare #:
	☐ Other Insurance:
Are you having difficulty with any of	#:
the following activities? walking getting dressing getting washed-up transferring in and out of the shower getting up and down from the chair	Doctor:
	□Doctor's Phone:
	□Person Making Referral:
Check-off all that are indicated	☐ Reason For Referral: ☐ see checked-off symptoms/situations/difficulties ☐
	□ Diagnosis: □Person Making Referrals Contact Info □ Phone: □ Email: □Is the above person currently receiving services by a skilled homecare agency? []Yes []No

Visiting Rehab Services will contact your doctor to obtain a Physical or Occupational Therapy evaluation order, then contact you to set-up an appointment.

☐ Is the above person their own responsible party?

If No, who is their guardian/HCP, along with phone

[] Yes [] No