



# PACIFIC NORTHWEST OCCUPATIONAL THERAPY<sub>LLC</sub>

1396 Duane Street  
Astoria, OR 97103

T/ 503 325 8115  
F/ 503 325 8212

Donna Bzdil, OTR/L  
Janice Miller, OTR/L

## REFERRAL FORM

Physician Name \_\_\_\_\_ NPI # \_\_\_\_\_

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD-9 \_\_\_\_\_

## EVALUATIONS

- General OT Evaluation & Treat
- Pediatric Evaluation & Treat
- Upper Extremity Eval & Treat  
(shoulder, elbow, wrist, hand)
- Work Injury Evaluation
- Wheelchair Evaluation
- Driver Screening

## TREATMENTS

- ADL/IADL Training
- Upper Extremity Rehab/Conditioning
- Splinting \_\_\_\_\_
- Modalities \_\_\_\_\_
- Iontophoresis/Ultrasound
- Edema Control
- Lymphedema/Manual Therapy
- Therapeutic Exercise
- Neuromuscular Training
- Sensory Integration
- Work Conditioning
- Visual/Perceptual Training
- Home Program Instruction
- Adaptive Equipment
- Joint Protection/Energy Conservation

**Specific Evaluation/Treatment Requests** \_\_\_\_\_

\_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your referral!