

## Occupational Therapy Referral

prescription

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Insurance ID \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD10 CODE \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date of Surgery \_\_\_\_\_

- Therapist evaluate and determine use of procedures, modalities, and / or frequency of treatment
- Precautions \_\_\_\_\_

### OCCUPATIONAL THERAPY

- Evaluate & Treat
- Wound Care  
(suture removal, bandage changes)
- ROM/Strength/Function
- Modalities (please specify)

### RETURN TO WORK

- Work Conditioning
- Ergonomic Assessment
- FCE

### CUSTOM SPLINT/ORTHOSIS

- Thumb/finger based (mallet, gutter, Stax)
- Hand based static  
(metacarpal fracture, CMC OA)
- Hand based dynamic
- Forearm based dynamic  
(post flexor/extensor tendon repair)
- Forearm based static  
(wrist cockup, CTS, deQuervain's)
- Resting hand/wrist
- Elbow (cubital tunnel syndrome)
- Activity Related - Work/Sports

Treatment Frequency \_\_\_\_\_ x-per week or \_\_\_\_\_ weeks, or \_\_\_\_\_ PRN

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

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

**Cordata**

400 Sequoia Dr Suite 130  
Bellingham, WA 98226  
T. 360.752.5551  
F. 360.752.0155

**Ferndale** \*Limited Availability\*

1887 Main St Suite 105  
Ferndale, WA 98248  
T. 360.384.5111  
F. 360.384.0006