1

Date: ____________ Patient DOB: ____________

Patient Name (printed): ____________

Patient Phone: ____________

Insurance Provider: ____________

Policy Number: ____________

Diagnosis (specify location/laterality): ____________

☑ Evaluate and Treat ❑ Orders:

Provider Signature: ____________

Provider Printed Name: ____________

Provider Phone: ____________ Provider Fax: ____________

For outpatient referrals and appointments:

Fax (804) 764-5710

Or, use your electronic health records system to e-fax your referral to the fax number above.

For more information about our services and location details, visit:

www.ShelteringArmsInstitute.com
Phone (804) 764-1000
Toll-Free 1-877-56-REHAB (73422)

PLEASE SELECT PRESCRIBED SERVICE(S) AND CONDITION(S)

2 MEDICAL/THERAPY SERVICES

- ❑ Physical Therapy
- ❑ Occupational Therapy
- ❑ Speech-Language Pathology
- ❑ Medical Psychology

3 FITNESS, RECREATION & WELLNESS SERVICES

- ❑ Adaptive Exercise Training
- ❑ Club Rec and Special Events
- ❑ Community Education Seminars
- ❑ Group Exercise Classes
- ❑ Membership
- ❑ NeuroFit
- ❑ PowerEx

4 CONDITIONS TREATED & SPECIALTY SERVICES

We treat nearly every orthopaedic and neurologic condition.

Orthopaedic Conditions

- ❑ Arthritis (OA & RA)
- ❑ Back Pain (acute/chronic)
- ❑ Carpal Tunnel Syndrome
- ❑ Fibromyalgia
- ❑ Joint Injury/Replacement (any)
- ❑ Myofascial Pain
- ❑ Neck Pain (acute/chronic)
- ❑ Pediatric Orthopaedic Condition
- ❑ Scoliosis
- ❑ Sports Injury
  TMJ (Temporomandibular Joint Disorder)
- ❑ Work Injury
- ❑ Other (Please Specify Below)

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Neurological Conditions

- ❑ Brain Injury
- ❑ Cerebral Palsy
- ❑ Communication Disorders
- ❑ Concussion
- ❑ Dysphasia
- ❑ Gait/Balance
- ❑ Multiple Sclerosis
- ❑ Muscular Dystrophy
- ❑ Parkinson's Disease
- ❑ Post-Polio Syndrome
- ❑ Speech Conditions
- ❑ Spinal Cord Injury
- ❑ Stroke
- ❑ Swallowing Disorders
- ❑ Vestibular Impairment
- ❑ Other (Please Specify Below)

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Evaluations & Specialty Services

- ❑ Amputee Services
- ❑ Aquatic Therapy
- ❑ Chronic Pain
- ❑ Critical Illness Recovery
- ❑ Developmental Disability
- ❑ Driver Readiness Assessment
- ❑ Dry Needling
- ❑ Head & Neck Cancer
- ❑ Industrial Rehabilitation Services
  - ❑ Functional Capacity Evaluation
  - ❑ Impairment Rating
  - ❑ Work Hardening
- ❑ Lymphedema
- ❑ NeuroRecovery
  - ❑ Upper Extremity
  - ❑ Lower Extremity
- ❑ Pelvic Floor Dysfunction
- ❑ Post-COVID Rehab
- ❑ Pregnancy Recovery
- ❑ Urinary/Fecal Incontinence
- ❑ Wheelchair Evaluation