



See reverse for address and phone info.

- ADVANCE WOUND CENTER**
 - Wound Management
 - Hyperbaric Oxygen
- AQUA THERAPY**
 - Benzonia Physical Therapy
 - Kalkaska Memorial Health Center
 - Foster Family Community Health Center
 - Munson Healthcare Cadillac Hospital
 - Munson Healthcare Grayling Hospital
 - Munson Healthcare Manistee Hospital
- AUDIOLOGY**
 - Kalkaska Memorial Health Center
 - Munson Healthcare Grayling Hospital
 - Munson Medical Center
 - Paul Oliver Memorial Hospital
- BRAIN INJURY & COGNITIVE REHAB**
 - Includes PT, OT and Speech
 - Foster Family Community Health Center
- HAND THERAPY**
 - Bear Lake Clinic
 - Interlochen Therapy Clinic
 - Kalkaska Memorial Health Center
 - Foster Family Community Health Center
 - Munson Healthcare Manistee Hospital
 - Paul Oliver Memorial Hospital
- OCCUPATIONAL THERAPY**
 - Bear Lake Clinic
 - Interlochen Therapy Clinic
 - Kalkaska Memorial Health Center
 - Munson Healthcare Cadillac Hospital
 - Munson Healthcare Grayling Hospital
 - Munson Healthcare Manistee Hospital
 - Munson Medical Center
 - Paul Oliver Memorial Hospital
- PEDIATRIC THERAPY**
 - Feeding Therapy (Munson Hospital)
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- PHYSICAL THERAPY**
 - Bear Lake Clinic
 - Benzonia Physical Therapy
 - Empire Physical Therapy
 - Interlochen Therapy Clinic
 - Kalkaska Memorial Health Center
 - Mancelona Physical Therapy
 - Foster Family Community Health Center
 - Munson Healthcare Cadillac Hospital
 - Munson Healthcare Grayling Hospital
 - Munson Healthcare Manistee Hospital
 - Munson Medical Center
 - Munson Outpatient Services - West
 - Paul Oliver Memorial Hospital
- SPEECH THERAPY**
 - Kalkaska Memorial Health Center
 - Munson Healthcare Cadillac Hospital
 - Munson Healthcare Grayling Hospital
 - Munson Healthcare Manistee Hospital
 - Munson Medical Center
 - Paul Oliver Memorial Hospital
- VITAL STEP- FITNESS- EXERCISE**
 - Foster Family Community Health Center
 - Munson Healthcare Manistee Hospital
- WORK READINESS (PT & OT)**
 - Foster Family Community Health Center

REHABILITATION SERVICES REFERRAL / ORDER

NAME: _____

BIRTHDATE: _____ **PHONE:** _____

DIAGNOSIS CODE(S):
(If unknown, please provide the information below)
CONDITION / SYMPTOM / IMPAIRMENT:
ETIOLOGY:
BODY SITE(S):
ONSET: (DATE if known)

 ACUTE CHRONIC LATE EFFECT

 EVALUATION & THERAPY TREATMENT *(indicate specifics below)*

- Continue current program
- Other: _____

FREQUENCY & DURATION:

 _____ x per week for _____ weeks **(Required for BCBS)**
SPECIALITY PROGRAMS / INTERVENTIONS:

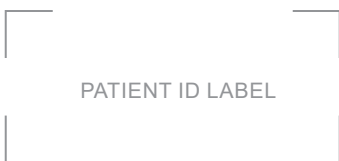
- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Driver Assessment Program (OT) <ul style="list-style-type: none"> <input type="checkbox"/> OT Evaluation & Training <input type="checkbox"/> ENG <input type="checkbox"/> Functional Capacity Test <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Job Site Evaluation (OT) <input type="checkbox"/> Low Vision Program (OT) <input type="checkbox"/> Lymphedema Treatment <input type="checkbox"/> Orthotic(s) <ul style="list-style-type: none"> Type: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Pelvic Dysfunction Treatment: <ul style="list-style-type: none"> <input type="checkbox"/> Incontinence <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> SAEBO <input type="checkbox"/> Speech Generating Device <input type="checkbox"/> Train Your Brain Program <input type="checkbox"/> Vestibular Treatment <input type="checkbox"/> Videofluoroscopy (ST) <input type="checkbox"/> Work Readiness Program
(includes PT & OT Evaluation) <input type="checkbox"/> Wound Management |
|--|--|

INSTRUCTIONS / PRECAUTIONS:
APPOINTMENT DATE: _____

TIME:
 AM PM

Physician/ PA Name: _____

Signature: _____

 Date: _____ Time: _____ AM PM


PATIENT INSTRUCTIONS:

1. **Bring this referral form/physician's order to your first appointment.**
2. It is important that you contact your insurance company to verify coverage of therapy services.
3. 1-4 hours of a therapist's time has been reserved for you. If you are unable to attend your appointment, please call as soon as possible.
4. Please arrive 15 minutes early for your appointment.
5. Wear comfortable clothing. Patients with back or leg problems may wish to bring a pair of shorts.

FACILITY LOCATIONS & PHONE NUMBERS**ADVANCED WOUND CENTER**

5085 Anna Drive, Suite B&C
Traverse City, MI 49684

Phone: 231-935-5900 | Fax: 231-935-5907

HYPERBARIC OXYGEN THERAPY TRADITIONAL WOUND CARE

Phone: 231-935-5951 | Fax: 231-935-5956

FOSTER FAMILY COMMUNITY HEALTH CENTER (FFCHC)

* Mailing Address: 1105 Sixth St, Traverse City MI 49684

550 Munson Avenue
Traverse City, MI 49686

Phone: 231-935-8600 | Fax: 231-935-8609

BEAR LAKE CLINIC

8225 Lake Street
Bear Lake, MI 49614

Phone: 231-864-5002 | Fax: 231-964-3880

MUNSON HEALTHCARE CADILLAC HOSPITAL

400 Hobart Street
Cadillac, MI 49601

Phone: 231-876-7443

BENZONIA PHYSICAL THERAPY (POMH OFF-SITE)

*Located in the lower level of Crystal Lake Clinic on M-115
between Benzonia & Frankfort*

228 Bellows Drive
Frankfort, MI 49635

Phone: 231-882-0083 | Fax: 231-882-0115

MUNSON HEALTHCARE GRAYLING HOSPITAL

Grayling Rehab Services
1250 E. Michigan Avenue, Suite 3
Grayling, MI 49738

Phone: 989-348-0314 | Fax: 989-348-0549

Audiology: 231-935-6455

BRAIN INJURY & COGNITIVE REHAB (FFCHC)

550 Munson Avenue
Traverse City, MI 49686

Phone: 231-935-0388 | Fax: 231-935-0941

MUNSON HEALTHCARE MANISTEE HOSPITAL

1465 E. Parkdale Avenue
Manistee, MI 49660

Phone: 231-398-1166 | Fax: 231-398-1499

EMPIRE THERAPY CLINIC

Just off M-22
9973 W. Ottawa Avenue
Empire, MI 49630

Phone: 231-213-1120 | Fax: 231-326-2054

MUNSON MEDICAL CENTER

1105 Sixth Street
Traverse City, MI 49685
Physical/Occupational/Speech Therapy

Phone: 231-935-7331 | Fax: 231-935-7344

Audiology: 231-935-6455

INTERLOCHEN THERAPY CLINIC

3 Miles West of the Traffic Light on US-31
1975 Stirling Drive
Interlochen, MI 49643

Phone: 231-275-0166 | Fax: 231-275-0169

MUNSON OUTPATIENT SERVICES - WEST

5191 Rosewood Drive
Traverse City, MI 49684

Phone: 231-213-1135 | Fax: 231-395-0599

KALKASKA MEMORIAL HEALTH CENTER

419 S. Coral Street
Kalkaska MI 49646

Phone: 231-258-7534 | Fax: 231-258-7615

Audiology: 231-935-6455

PAUL OLIVER MEMORIAL HOSPITAL

224 Park Avenue
Frankfort, MI 49635

Phone: 231-352-2231 | Fax: 231-352-2358

Audiology: 231-935-6455

MANCELONA PHYSICAL THERAPY CLINIC

419 West State Street
Mancelona, MI 49659

Phone: 231-258-7534 | Fax: 231-258-7615

PEDIATRIC THERAPY (FFCHC)

* Mailing Address: 1105 Sixth St, Traverse City MI 49684

550 Munson Avenue
Traverse City, MI 49686

Phone: 231-935-8600 | Fax: 231-935-8609

Feeding Therapy: Munson Medical Center

Phone: 231-935-7331 | Fax: 231-935-7344