



# REHABILITATION & WELLNESS SOLUTIONS

## REFERRAL INDICATOR

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

PHYSICAL THERAPY	YES	NO
Difficulty walking		
Inappropriate use of walker or cane		
Poor posture		
Fatigue or shortness of breath walking short distances		
Fear of falling		
Frequent falls		
Complaints of dizziness		
Requires assistance / several attempts to get out of a car, chair, toilet, tub, bed		
Need for adaptive equipment / home modification to improve status		
Progression of disease affecting function, mobility		
Requires walker or cane		
Poor fitting wheelchair or unable to self-propel wheelchair		
Need for lower extremity brace		
OCCUPATIONAL THERAPY	YES	NO
Difficulty with dressing, bathing, grooming, self-feeding or toileting		
Requires commode, tub seat, reacher, etc.		
Difficulty with meal preparation, medication management, shopping, laundry or financial management		
Decline in vision impacting ability to safely perform daily tasks/visual fieldneglect affecting ADL tasks or reading		
Excessive fatigue / difficulty completing previously simple tasks		
Joint stiffness / loss of flexibility		
Difficulty managing symptoms and behaviors of dementia, as it relates to ambulation, transfers, balance		
Behavior/symptom modification. Teaching caregivers ways to lessen and manage the symptoms of dementia including: wandering, repetitive questioning, shadowing, verbal and physical aggression, incontinence, rummaging, and hoarding.		
Need for Driving Evaluation: cognitive and physical assessment to tell if a person is still safe/competent to be behind the wheel		
Need for upper extremity splint/brace		

SPEECH THERAPY	YES	NO
Exhibiting signs of aspiration / penetration during eating/drinking, including: coughing, choking, “gurgley” voice, excessive sneezing/burping, watery eyes/runny nose, vomiting, or prolonged time required to complete a meal		
Exhibiting symptoms of aspiration / penetration including: significant weight loss, decline in appetite, dehydration, or recurrent pneumonia		
Difficulty swallowing - SLP		
Difficulty swallowing medication		
Drooling		
Language impairments including: difficulty finding words to express wants/needs; speaks in single words or short phrases; needs extra time to understand directions, statements or questions		
Speech impairments including: difficulty imitating speech sounds; inability to make sound; slow rate of speech; slurred speech; low vocal volume; mumbled speech; hoarseness		
Difficulty speaking, listening, reading, or writing		
Difficulty writing		
Recent and significant increase in confusion, memory loss, difficulty following simple directions, attention, organization, problem solving, or safety awareness affecting communication		
Requires an augmentative/alternative communication device		

## HOW TO RECEIVE OUR SERVICES

1

**Take this completed referral indicator to your doctor**

2

**Discuss results with your doctor**

3

**Ask for a referral to Trio Rehabilitation**

