

**Screening/Referral Tool for Rehabilitation Services and Thrive**

<input type="checkbox"/> Difficulty with mobility or ambulation	<b>⇒ Physical Therapy</b>
<input type="checkbox"/> Impaired balance / history of falls / increased fall risk	
<input type="checkbox"/> Weakness or fatigue	
<input type="checkbox"/> Vertigo / Dizziness	
<input type="checkbox"/> Pain of LE Joints, Spine, Pelvic region or extremities	
<input type="checkbox"/> Recent history of previous bone or joint injury / surgery, osteoporosis, arthritis with resulting limitations or impairments	
<input type="checkbox"/> History of stroke, diabetes, prior cancer diagnosis / impairments	
<input type="checkbox"/> Neuropathy in lower extremities	

<input type="checkbox"/> Difficulty with self care - bathing, dressing, meal prep	<b>⇒ Occupational Therapy</b>
<input type="checkbox"/> Range of motion limitations/ pain of the shoulder	
<input type="checkbox"/> Upper Extremity Weakness	
<input type="checkbox"/> Hand Dysfunction/Fine Motor Impairments	
<input type="checkbox"/> Edema / Lymphedema of the UE/LE/Facial and Neck/Trunk	
<input type="checkbox"/> Scar Management Needs / Soft Tissue Restrictions	
<input type="checkbox"/> Neuropathy in upper extremities	

<input type="checkbox"/> Difficulty Swallowing	<b>⇒ Speech Therapy</b>
<input type="checkbox"/> Speech Impairments	
<input type="checkbox"/> Language Impairments	
<input type="checkbox"/> Cognitive Impairments	

<input type="checkbox"/> General weakness that has not limited ANY aspects of ADL's, work, community or gait	<b>⇒ Thrive</b>
<input type="checkbox"/> No history of injuries, stroke, arthritis, previous cancer diagnosis	
<input type="checkbox"/> Supplemental oxygen required at ___ liters/minute	

<b>Therapy Patient Diagnosis:</b> _____	
<input type="checkbox"/> PT / OT / SLP Evaluate and treat (circle appropriate referral)	
<input type="checkbox"/> Thrive	
<b>Physician signature:</b> _____	<b>Date:</b> _____ <b>Time:</b> _____
<i>Fax: (828)268-9045</i>	
<i>Please call the Rehabilitation Center for any questions or concerns (828) 268-9043.</i>	