



**Therapy
Achievements, LLC**
The Rehab Specialists

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www.Therapy-A.com

Patient Referral Form

Physician's Orders

Patient Name: _____

Diagnosis: _____

Eval and Treat for: Occupational Therapy Physical Therapy Speech Therapy

_____ Balance & Fall Prevention

_____ Swelling: Edema and Lymphedema

_____ Movement & Coordination

_____ Speech and Swallowing

_____ Strength & Endurance

_____ Driving Eval

_____ Range of Motion

_____ Wheelchair & Adaptive Equip

_____ Pain Management

_____ Other: _____

Referring Physician: _____

Physician's Signature: _____ Date: _____

Patient Info:

Address: _____

Phone #: _____ DOB _____

Fax to (800) 317- 4728