

Carolina Therapies
Outpatient and Mobile Occupational and Hand Therapy Practice
Pooja Desai, OTR/L, CHT, CPAM
Occupational Therapist and Certified Hand Therapist
Certified in Physical Agent Modalities
Phone Number: 704-850-9099
Fax Number: 980-247-4004
Email: info@carolinatherapies.com
Location: 436-1 East Long Avenue, Gastonia 28054.



Arm and Hand Therapy Referral Form

Patient's Name: _____ DOB _____

Diagnosis and ICD 10: _____

Patient's Phone: _____

Date of Injury: _____ Date of Surgery: _____

Surgery: _____

Precautions: _____

Occupational Therapy Eval and Treat

Select from the following below, if needed:

Treatment

- Pain Management
- Edema Management
- AROM/AAROM/PROM
- Strengthening
- Scar management
- Wound care
- Desensitization
- Other _____

Modalities

- Ultrasound
- Electrical stimulation
- Other _____

Custom Orthosis/Splints

- Static
- Dynamic
- Other _____

Treatment Frequency: _____ times _____ weeks.

Physician Signature: _____ Date: _____

Physician's Name: _____ (Please Print)

Thank you for the referral. Please fax this referral form to 980-247-4004.