



# Referral For Falls Risk Reduction and Home Safety

(and generalist in-home geriatric physical and occupational therapy in Wake County)

FAX REFERRAL TO SUREsteps office at: 919-838-0439 Pages in Fax: \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide the following information or include your office's patient demographic sheet with referral:

DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Including a copy of your patient's current medication list for PQRS reporting, as well as insurance information, is helpful.

**Referral Diagnosis:** \_\_\_\_\_

**Other Diagnoses:** \_\_\_\_\_

**Special Instructions or Precautions:** \_\_\_\_\_

**Physical Therapy: Evaluate and Treat**

- Falls Risk Assessment
- Balance and Strengthening Exercises
- Gait Training

Other: \_\_\_\_\_

**Occupational Therapy: Evaluate and Treat**

- Home Safety Assessment
- Upper Extremity Function / Rehab
- Wheelchair Seating / Function

Other: \_\_\_\_\_

All services provided in the patient's home, independent or assisted living facility in Wake County. Patient does NOT need to be homebound for Medicare Part B or other insurance billing with SUREsteps. We will telephone patient within one business day of referral to establish appointment.

Referral by: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Print Physician, NP or PA name)

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that the above patient is currently under my care and that outpatient rehabilitation services to be provided in the patient's home are medically necessary for this patient's condition.

\_\_\_\_\_  
(Physician, NP or PA signature) Date: \_\_\_\_\_