

2623 Centennial Blvd, STE 101  
Tallahassee, FL 32308  
Mon-Thurs 9am-3pm  
\*Additional Hours By Appt\*



**BE STRONG**  
THERAPY SERVICES

Phone: (850) 270-7374  
Fax: (850) 273-5629  
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1414 Piedmont Drive E, STE 100  
Tallahassee, FL 32308  
Mon-Fri 9am-3pm  
\*Additional Hours By Appt\*

### **LYMPHEDEMA THERAPY REFERRAL FORM**

Patient NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient PHONE No.: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

**Occupational and Physical Therapy Eval and Tx**

❖ Please include the most recent office visit notes with referral.

### **Reason for Referral:**

Check all that apply

#### **LYMPHEDEMA THERAPY**

- Manual Lymphatic Drainage Therapy
- Lymphedema therapy
- Compression Garment Fitting
- Skin care/hygiene education
- Strengthening/endurance training
- Other

\_\_\_\_\_  
\_\_\_\_\_

#### **OCCUPATIONAL THERAPY**

- ADL Training
- Use of assistive devices
- Pain of \_\_\_\_\_
- Limited range motion of \_\_\_\_\_

#### **NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **PHYSICAL THERAPY**

- Diabetic/peripheral neuropathy
- Falls
- Deconditioning
- Balance
- Pain of \_\_\_\_\_
- Limited range motion of \_\_\_\_\_

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Print MD Name

\_\_\_\_\_  
TIME & DATE:

\_\_\_\_\_  
NPI: