



REHAB CONCEPTS
physical therapy

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Therapy Referral Form

Physical Therapy

Mary Jane Fegan, PT, DPT, GCS Audra Stawicki, PT, DPT, CMP, CYI
Rosemary Costanzo, MSPT Sarah McNamara, PT, DPT, OCS
Amy Williams, PT, DPT Angela Ferruci, PT
Dawn Barber, PT

Occupational Therapy

Catherine Meriano, JD, MHS, OTR/L

Speech Therapy

Amy Levine, MS, CCC/SLP

Patient Name: _____ Phone # _____

Diagnosis _____

Precautions: _____

Therapy Services

☐ Physical Therapy

☐ Occupational Therapy

☐ Speech Therapy

- ☐ Evaluate and Treat
- ☐ Exercise (Strength/Endurance)
- ☐ Gait Training
- ☐ Posture (Exercise/Education)
- ☐ Modalities (Ice, Heat, Ultrasound)
- ☐ Phonophoresis/Iontophoresis
- ☐ Vestibular Rehab/Balance

- ☐ Splinting/Orthotics
- ☐ Biofeedback
- ☐ Pelvic Floor Treatment
- ☐ Cognitive Skills
- ☐ Manual Therapy
- ☐ Lymph Drainage
- ☐ Sensory Integration

Other Treatments: _____

Frequency: _____ Duration: _____

MD Signature: _____ Date: _____