

Therapy Services

ORDER FORM

First Name _____ Middle Initial _____ Last Name _____

Phone (H) _____ (W) _____ (Cell) _____

Date of Birth _____ Date of Injury/Surgery _____ **Diagnosis (Required)** _____

Contraindications/Precautions _____

Therapy service requested / Reason for referral: _____

Referring Provider Signature _____ Provider Name (please print) _____ Date _____ Time _____

Clinic Name _____ Clinic Phone Number _____

PHYSICAL THERAPY (PT)	OCCUPATIONAL THERAPY (OT)	SPEECH – LANGUAGE PATHOLOGY (SLP)
<input type="checkbox"/> Evaluate & Treat _____ _____ OR <input type="checkbox"/> Frequency & Duration _____ _____ <input type="checkbox"/> Aquatic therapy <input type="checkbox"/> Cancer rehabilitation <input type="checkbox"/> Complex regional pain syndrome <input type="checkbox"/> Concussion <input type="checkbox"/> CycleSMART, Golf SMART, RunSMART <input type="checkbox"/> Functional capacity evaluation <input type="checkbox"/> Lymphedema/Edema therapy <input type="checkbox"/> Orthotic evaluation/fabrication <input type="checkbox"/> Other _____ <input type="checkbox"/> Parkinson's Disease - Lee Silverman BIG therapy <input type="checkbox"/> Pelvic health <input type="checkbox"/> Pediatric rehabilitation <input type="checkbox"/> Physical performance testing <input type="checkbox"/> Pre and post prosthetic training <input type="checkbox"/> Spine Rehabilitation <input type="checkbox"/> Temporomandibular joint disorder therapy (TMD) <input type="checkbox"/> Vestibular/Balance/Falls therapy <input type="checkbox"/> Work conditioning / work hardening <input type="checkbox"/> Wheelchair positioning clinic	<input type="checkbox"/> Evaluate & Treat _____ _____ OR <input type="checkbox"/> Frequency & Duration _____ _____ <input type="checkbox"/> Assistive technology <input type="checkbox"/> Aquatic therapy <input type="checkbox"/> Brain Injury services <input type="checkbox"/> Cancer rehabilitation <input type="checkbox"/> Cognitive performance testing <input type="checkbox"/> Complex regional pain syndrome <input type="checkbox"/> Concussion <input type="checkbox"/> Constraint induced movement therapy <input type="checkbox"/> Hand therapy /Orthotic fabrication <input type="checkbox"/> Lymphedema/Edema <input type="checkbox"/> Parkinson's Disease - Lee Silverman BIG therapy <input type="checkbox"/> Pre and post prosthetic training <input type="checkbox"/> Other _____	<input type="checkbox"/> Evaluate & Treat _____ _____ OR <input type="checkbox"/> Frequency & Duration _____ _____ <input type="checkbox"/> Augmentative Alternative Communication <input type="checkbox"/> Cancer rehabilitation <input type="checkbox"/> Concussion <input type="checkbox"/> Dysphagia/ Swallow assessment and rehabilitation treatment including Vital Stim (NMES) as appropriate <input type="checkbox"/> Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with administration of topical anesthetic and nasal decongestant, as needed <input type="checkbox"/> Laryngectomy Rehabilitation <input type="checkbox"/> Paradoxical Vocal Fold Movement (VCD) <input type="checkbox"/> Parkinson's Disease - Lee Silverman LOUD therapy <input type="checkbox"/> Other _____ <input type="checkbox"/> Tracheo-esophageal puncture (TEP) prosthesis with administration of topical anesthetic as needed, and/or heat and moisture exchanger (HME) <input type="checkbox"/> Voice assessment and rehabilitation <input type="checkbox"/> Videofluoroscopic Swallow Study treatment <input type="checkbox"/> Videolaryngoscopy and/or stroboscopy with administration of topical anesthetic and nasal decongestant, as needed

AREA FOR PATIENT LABEL

Courage Kenny Rehabilitation Institute – Outpatient Therapy Sites

Call Central Scheduling: 612-262-7900, Toll-free: 888-691-0045 or Fax: 612-262-7860 to schedule FIRST appointment at the following locations

Albertville

Courage Kenny Sports & Physical Therapy

Annandale

Courage Kenny Sports & Physical Therapy

Apple Valley

Courage Kenny Sports & Physical Therapy

Buffalo

Courage Kenny Rehabilitation Institute – across from Buffalo Hospital
Courage Kenny Sports & Physical Therapy – Fitness Center

Burnsville

Courage Kenny Rehabilitation Institute

Cambridge

Courage Kenny Rehabilitation Institute

Champlin

Courage Kenny Sports & Physical Therapy

Coon Rapids

Courage Kenny Rehabilitation Institute – Mercy Hospital

Courage Kenny Sports & Physical Therapy

- Mercy Specialty Center
- Springbrook

Cottage Grove

Courage Kenny Sports & Physical Therapy

Eagan

Courage Kenny Sports & Physical Therapy

Edina

Courage Kenny Rehabilitation Institute – Centennial Lakes
Courage Kenny Sports & Physical Therapy – Center for Outpatient Care

Elk River

Courage Kenny Sports & Physical Therapy

Forest Lake

Courage Kenny Rehabilitation Institute

Fridley

Courage Kenny Rehabilitation Institute – Mercy Hospital, Unity Campus
Courage Kenny Sports & Physical Therapy

Golden Valley

Courage Kenny Rehabilitation Institute

Isanti

Courage Kenny Sports & Physical Therapy

Maple Grove

Courage Kenny Sports & Physical Therapy

Minneapolis

Courage Kenny Rehabilitation Institute – Abbott Northwestern Hospital
Courage Kenny Sports & Physical Therapy – 2800 Building

Plymouth

Courage Kenny Sports & Physical Therapy

Ramsey

Courage Kenny Sports & Physical Therapy

Richfield

Courage Kenny Sports & Physical Therapy

Saint Paul

Courage Kenny Rehabilitation Institute – United Hospital

Courage Kenny Sports & Physical Therapy

- Bandana Square
- Doctors Professional Building

Shoreview

Courage Kenny Sports & Physical Therapy

Stillwater – St. Croix

Courage Kenny Rehabilitation Institute

Vadnais Heights

Courage Kenny Sports & Physical Therapy

Woodbury

Courage Kenny Sports & Physical Therapy

Call these locations directly to schedule FIRST appointment

Ellsworth, WI

Courage Kenny Sports & Physical Therapy
Ph: 715-307-6050 Fax: 715-307-6055

Faribault

Courage Kenny Sports & Physical Therapy
Ph: 507-497-3790 Fax: 507-497-3722

Courage Kenny Rehabilitation Institute – District One Hospital
Ph: 507-497-3518 Fax: 507-497-3517

Hastings

Courage Kenny Sports & Physical Therapy
Ph: 651-404-1002 Fax: 651-404-1199

New Ulm

Courage Kenny Rehabilitation Institute – New Ulm Medical Center
Ph: 507-217-5173 Fax: 507-217-5247

Owatonna

Courage Kenny Rehabilitation Institute – Owatonna Hospital
Ph: 507-977-2150 Fax: 507-977-2180

Prescott, WI

Courage Kenny Sports & Physical Therapy
Ph: 715-262-4450 Fax: 715-262-4451

River Falls, WI

Courage Kenny Rehabilitation Institute
715-307-6050 Fax: 715-307-6055