

# CORe Order Form

## COMPREHENSIVE OUTPATIENT REHABILITATION

**Abbott Northwestern Hospital**  
Minneapolis, MN

**Cambridge Medical Center**  
Cambridge, MN

**Mercy Hospital**  
Coon Rapids, MN

**United Hospital**  
St. Paul, MN

**Unity Hospital**  
Fridley, MN

**Central Scheduling Number:** 612-262-7979 or Toll Free 1-888-519-0014

**Central Fax Number:** 612-262-7980 or Toll Free 1-888-460-0018

**Patient Name:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Check all that apply:**

**Physical Therapy (PT)**

Evaluate and Treat  
OR

Frequency and Duration

1x 2x 3x 4x 5x per week  
1 2 3 4 5 6 7 8 weeks

**Occupational Therapy (OT)**

Evaluate and Treat  
OR

Frequency and Duration

1x 2x 3x 4x 5x per week  
1 2 3 4 5 6 7 8 weeks

**Speech – Language Pathology (SLP)**

Evaluate and Treat  
OR

Frequency and Duration

1x 2x 3x 4x 5x per week  
1 2 3 4 5 6 7 8 weeks

**Lymphedema Therapy (physical/occupational therapy)**

Evaluate and Treat  
OR

Frequency and Duration

1x 2x 3x 4x 5x per week  
1 2 3 4 5 6 7 8 weeks

- Videofluoroscopic Swallow Study
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES) with administration of topical anesthetic and nasal decongestant, as needed
- Videolaryngoscopy and/or stroboscopy with administration of topical anesthetic and nasal decongestant, as needed
- Dysphagia Treatment (including Vital Stim (NMES) as appropriate)

**Reason for Referral:** *(See specialized services on reverse side)* \_\_\_\_\_

Referring Provider Signature

UPIN # or NPI #

Provider Name (please print)

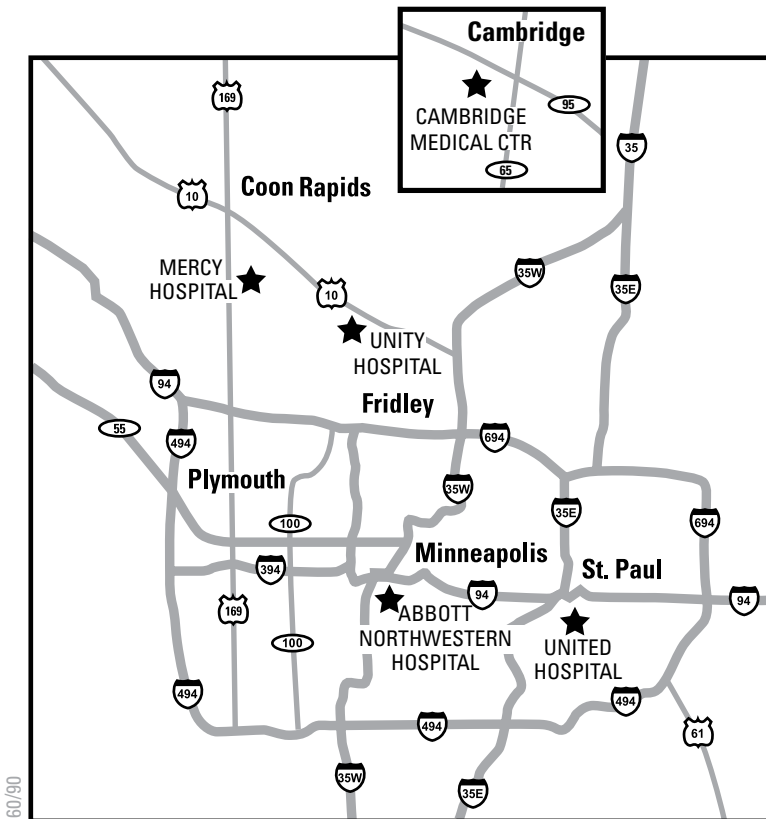
Provider Phone Number

Date



**SISTER KENNY REHABILITATION INSTITUTE**

*Allina Hospitals & Clinics*



Affix Patient Label Here

Specialized Services	Location of Specialized Service				
	Abbott Northwestern	Cambridge	Mercy	United	Unity
Amputee Program – Lower extremity	X	X	X	X	X
Advanced Rehab Technologies	X			X	
Augmentative Alternative Communication	X	X	X	X	X
Brain Injury Clinic (BIC)	X				
Dysphagia Evaluation and Treatment – Vital Stim (NMES)	X	X	X	X	X
Fiberoptic Endoscopic Eval of Swallow (FEES)	X			X	
Hand Rehabilitation (physical/occupational therapy)	X	X			
Higher Level IADL (daily living skills evaluation, may include driving assessment)	X	X	X	X	X
Incontinence Therapy		X	X		
Laryngectomy Rehabilitation	X		X	X	X
Lee Silverman Voice Treatment® (LSVT®) Big and Loud	X		X	X	X
Lymphedema (physical/occupational therapy)	X	X		X	X
Neuromuscular Re-education	X	X	X	X	X
Paradoxical Vocal Fold Movement (VCD)	X		X	X	X
Pool Therapy	X				
Speech Language and Cognition	X	X	X	X	X
Vestibular Program (Balance, Fall Reduction)	X	X	X	X	
Videofluoroscopic Swallow Study (VFSS)	X	X	X	X	X
Videostroboscopy	X			X	
Voice Assessment and Rehabilitation (includes LSVT®)	X		X	X	X
Wound Care		X	X		X
Wheelchair Positioning Clinic	X	X		X	

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