

Date: _____

Fax this form along with Insurance Information and the Last Clinic Note

Patient Name: _____ D.O.B.: _____

Patient Phone: _____ Interpreter Y N Language: _____

Diagnosis/Chief Complaint: _____

Referring Physician's Printed Name: _____

Physician's Clinic name _____ Phone no: _____

**Fax this form
along with
insurance
information and
the last clinic
note
To 651-326-9227**

Appt Line: 651-326-2178

FAX: 651-326-9227

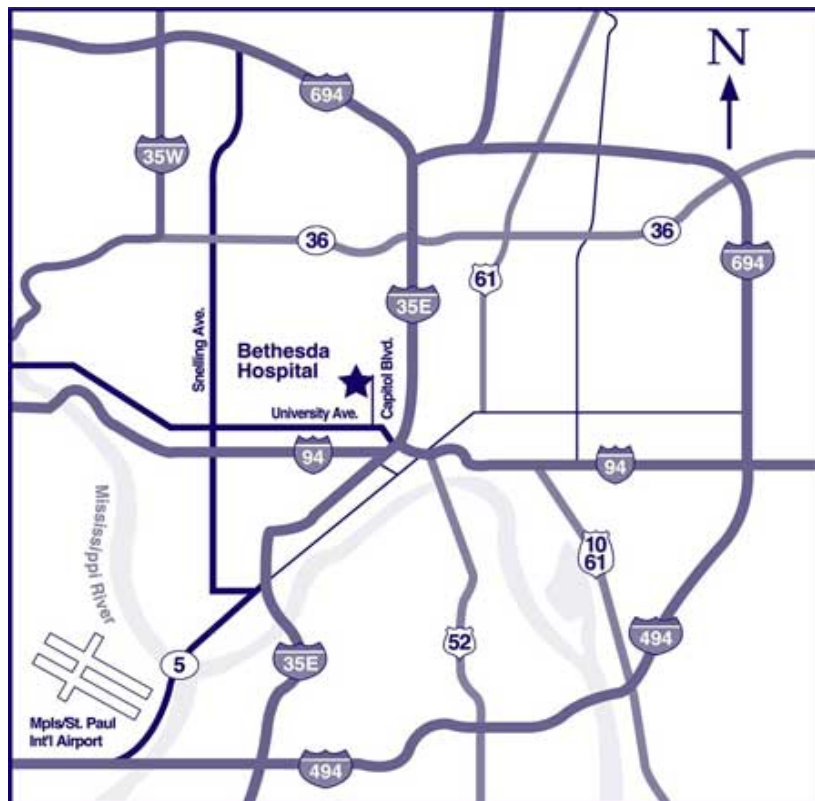
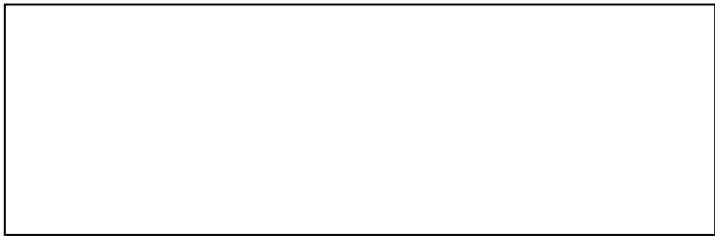
<p><u>Capistrant Center for Parkinson's Disease and Movement Disorders</u></p> <p><input type="checkbox"/> Dr. Laura Li <input type="checkbox"/> Kathryn Gilbertson, CNP</p> <p><input type="checkbox"/> Parkinson's Specific Therapy** Includes: Physical Speech & Occupational Therapy Eval & Treat</p> <p><u>Alternative Individual Therapy</u> <input type="checkbox"/> PT Eval & Treat <input type="checkbox"/> OT eval & Treat <input type="checkbox"/> ST Eval & Treat</p> <p>**May include BIG and LOUD techniques</p>	<p><u>Alzheimer's/Memory Loss</u></p> <p><input type="checkbox"/> Dr. Alvin Holm <input type="checkbox"/> Joan Nyhus, CNP</p>	<p><u>Moderate to Severe Brain Injury</u></p> <p><input type="checkbox"/> Dr. Robert Sevenich <input type="checkbox"/> Joan Nyhus, CNP</p>
<p><input type="checkbox"/> <u>Other Recommended Services (651-232-2258)</u></p> <p>_____ PD -Living Well With Parkinson's Class _____ PD -Parkinson's Exercise Class _____ PD -Parkinson's Support Group _____ PD -Parkinson's Tai Chi Class _____ PD -Parkinson's Dance Classes (Held off Campus) _____ PD -Super Body, Super Brain (High Intensity) Exercise Class _____ PD -Young Parkinson's/Movement Disorders support group _____ ML -Recreation Group for Memory Loss Patient, in conjunction w/ support group _____ ML -Memory Loss/Dementia Caregiver Support Group</p>	<p><input type="checkbox"/> <u>Neuropsychological Testing</u></p> <p><input type="checkbox"/> <u>Psychotherapy</u> for TBI, <u>Dementia & Movement Disorders/ Parkinson's disease</u></p>	<p><u>Concussion Clinic</u></p> <p><input type="checkbox"/> Dr. Peter Boardman Inter disciplinary Team including Physician, Physical Therapist and Neuropsychologist</p>
	<p><u>Therapy</u></p> <p><input type="checkbox"/> Physical Therapy Eval & Treat <input type="checkbox"/> Occupational Therapy Eval & Treat <input type="checkbox"/> Speech Therapy Eval & Treat <input type="checkbox"/> Lymphedema Therapy Eval & Treat <input type="checkbox"/> Wheelchair Eval</p>	<p><input type="checkbox"/> Respiratory Rehab Therapy (OT/PT Eval & Treat) FAX for Respiratory Therapy: 651-326-9358</p>

Special Instructions/Additional Comments _____



HealthEast
OUTPATIENT SERVICES

Bethesda Hospital



*****PLEASE ALLOW EXTRA TIME FOR ONGOING AND CHANGING CONSTRUCTION*****

FROM THE WEST: Follow 94 East to Marion Street exit. Turn left (North) on Marion Street to University Avenue. Turn right (East) on University Avenue past Rice Street to the State Capitol. Turn left on Capitol Blvd. at the State Capitol. Follow Capitol Blvd. two blocks to the Bethesda Campus. Parking is available in the parking ramp.

FROM THE EAST: Follow 94 West to 12th Street exit. Follow 12th Street exit to Jackson. Turn right (North) on Jackson to University Avenue. Turn left on University Avenue (West) and follow to State Capitol. Turn right on Capitol Blvd. at the State Capitol and follow north two blocks to the Bethesda Campus. Parking is available in the parking ramp.

FROM THE NORTH: Follow 35E South to the University Avenue exit. Turn right and follow University Avenue West to the State Capitol. Turn right on Capitol Blvd. at the State Capitol and follow north two blocks to the Bethesda Campus. Parking is available in the parking ramp.

FROM THE SOUTH: Follow 35E North to the State Capitol exit. Follow exit (11th Street) to Cedar Street and turn left (North). Stay on Cedar Street past the State Capitol to Charles Street. Turn left (West) on Charles one block to the Bethesda Campus. Parking is available in the parking ramp.