



# Outpatient therapy seating and mobility clinic request for services

Patient name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Which MedStar Health seating and mobility clinic location do you prefer?

<input type="checkbox"/> Irving Street–Neurorehabilitation Center	<input type="checkbox"/> Bel Air	<input type="checkbox"/> MedStar St. Mary's Hospital–Rehabilitation Services
<input type="checkbox"/> MedStar Good Samaritan Hospital–Neurorehabilitation Center	<input type="checkbox"/> MedStar Georgetown University Hospital–Physical Medicine & Rehabilitation	

Physician name (print clearly) \_\_\_\_\_ NPI # \_\_\_\_\_

**Physician signature** \_\_\_\_\_ Date \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## Seating and mobility clinic evaluation: OT or PT

<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Power wheelchair	_____
<input type="checkbox"/> Posture assessment (cushion/backrest)	_____
<input type="checkbox"/> Pressure ulcer/pressure mapping	_____

## Diagnosis and ICD-10 Code

### Include all diagnoses and ICD10 codes that apply.

<input type="checkbox"/> Alzheimer: ICD10 _____	<input type="checkbox"/> Osteoarthritis: ICD10 _____
<input type="checkbox"/> ALS: ICD10 _____	<input type="checkbox"/> Paraplegia: ICD10 _____
<input type="checkbox"/> Amputee: CD10 _____	<input type="checkbox"/> Peripheral neuropathy:ICD10 _____
<input type="checkbox"/> Brain injury: ICD10 _____	<input type="checkbox"/> Pressure ulcer: location: ICD10 _____
<input type="checkbox"/> Cerebral palsy: ICD10 _____	<input type="checkbox"/> Spinal bifida : ICD10 _____
<input type="checkbox"/> CVA: ICD10 _____	<input type="checkbox"/> Stenosis: ICD10 _____
<input type="checkbox"/> Diabetes: ICD10 _____	<input type="checkbox"/> Tetraplegia: ICD10 _____
<input type="checkbox"/> Multiple sclerosis: ICD10 _____	<input type="checkbox"/> Transverse myelitis: ICD10 _____
<input type="checkbox"/> Muscular dystrophy: ICD10 _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	



## **Seating and mobility clinic locations near you.**

Please contact the location convenient for you to schedule an appointment or learn more about our rehabilitation services for wheelchair assessments, seating, and mobility needs.

### **WASHINGTON, D.C.**

#### **MedStar Health: Physical Medicine & Rehabilitation at MedStar Georgetown University Hospital**

3800 Reservoir Rd., NW  
Pasquerilla Healthcare Center, (PHC) 3  
Washington, DC 20007  
**P** 202-295-0546    **F** 855-470-6848

#### **MedStar Health Physical Therapy at Irving Street – Neurorehabilitation Center**

MedStar National Rehabilitation Hospital  
102 Irving St. NW  
Washington, DC 20010  
**P** 202-877-1822 (Seating and mobility clinic phone only)  
**F** 667-359-3020

### **MARYLAND**

#### **Baltimore City**

#### **MedStar Health Physical Therapy at MedStar Good Samaritan Hospital**

5601 Loch Raven Blvd.  
O'Neill Bldg., 2nd Fl.  
Baltimore, MD 21239  
**P** 443-444-4600    **F** 443-444-4607

#### **Harford County**

#### **MedStar Health Physical Therapy at Bel Air**

12 MedStar Blvd., Ste. 225  
Bel Air, MD 21015  
**P** 410-877-8078, option #3, then option #2 (Seating and mobility clinic phone only)  
**F** 410-877-8079

#### **St. Mary's County**

#### **MedStar St. Mary's Hospital–Rehabilitation Services**

25500 Point Lookout Rd.  
Leonardtown, MD 20650  
**P** 301-475-6062    **F** 301-997-6502