

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