Shepherd Center

2020 Peachtree Road NW
Atlanta, GA 30309-1465
404-352-2020
shepherd.org

Seating and Mobility Referral

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

PT or OT Evaluation for Seating and Mobility

- ❑ Manual wheelchair
- ❑ Power wheelchair
- ❑ Posture assessment
- ❑ Pressure ulcer/pressure mapping
- ❑ Other: _____

Diagnosis and ICD-9 code:

- ❑ Alzheimer's 336
- ❑ ALS 335.2
- ❑ Amputee
- ❑ Brain injury 741.9
- ❑ Cerebral Palsy 343.9
- ❑ CVA 438.89
- ❑ Fibromyalgia 729.1
- ❑ Guillian Barre Syndrome 357
- ❑ Multiple Sclerosis 340
- ❑ Muscular Dystrophy 359.1
- ❑ Osteoarthritis 715.9
- ❑ Post Polio 138
- ❑ Pressure ulcer 707.0
- ❑ Spinal Cord Injury
- ❑ Spina bifida 741.9
- ❑ Other: _____

Please attach your most recent history and physical or chart note from your physician.

***Must include before appointment can be made.**

Do you know your equipment supplier? If so, please indicate.

Company Name _____ Phone _____

Please circle type of insurance: Medicare Medicaid Private Insurance

Referral Source:

Physician Name (Please print.) _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Physician Signature _____ Date _____

To schedule an appointment, please fax this referral form to 404-350-7356, call 404-352-2020 and ask for outpatient scheduling.