

# Reddy Care PT & OT Referral

## In-Home PT & OT

Servicing Long Island & 5 Boroughs  
Ph: 516-829-0030  
Fx: 516-466-7723

## Woodbury

150 Woodbury Road  
Ph: 516-367-1111  
Fx: 516-367-3701

## North Shore Towers

272-78 Grand Central Pkwy  
Ph: 718-224-8480  
Fx: 516-466-7723

## Farmingdale

309 North West Drive  
Ph: 516-420-2900  
Fx: 516-420-2908

## Great Neck

475 Northern Blvd  
Ph: 516-829-0030  
Fx: 516-466-7723

## Patient Information

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Precautions: \_\_\_\_\_

## Specalty

Physical Therapy  Occupational Therapy

## Evaluate and Treat

- |   |  |
|---|--|
| <input type="checkbox"/> PT Eval & Treat                          | <input type="checkbox"/> Functional Exercise     |
| <input type="checkbox"/> OT Eval & Treat                          | <input type="checkbox"/> Vestibular              |
| <input type="checkbox"/> Balance/Coordination Training            | <input type="checkbox"/> Manual Therapy          |
| <input type="checkbox"/> Post-op                                  | <input type="checkbox"/> Gait Training/ Analysis |
| <input type="checkbox"/> ADL Training/Safety                      | <input type="checkbox"/> Home Safety Evaluation  |
| <input type="checkbox"/> Assistive Device Fitting/Training        | <input type="checkbox"/> Return to Sport/Work    |
| <input type="checkbox"/> Conditioning/ Strengthening              | <input type="checkbox"/> Early Development PT    |
| <input type="checkbox"/> Neuro-Muscular Retraining                | <input type="checkbox"/> Anti Gravity Treadmill  |
| <input type="checkbox"/> Pulmonary Rehab                          | <input type="checkbox"/> Laser                   |
| <input type="checkbox"/> Cardiac Conditioning                     | <input type="checkbox"/> TMJ                     |
| <input type="checkbox"/> Therapeutic Exercise (AAROM/ AROM/ PROM) | <input type="checkbox"/> Normatec                |
| <input type="checkbox"/> VR Treadmill/ Balance                    | <input type="checkbox"/> Modalities: _____       |

## Additional Notes

MD Print Name \_\_\_\_\_

MD Signature \_\_\_\_\_

Date: \_\_\_\_\_



**Vinod Somareddy, PT, DPT - President & Owner - License # 023119**

**REFERRING TO US IS EASY...simply fax the patients script, insurance and demographics to 516-466-7723 or email to [referrals@reddycare.net](mailto:referrals@reddycare.net)**