NYU Langone MEDICAL CENTER

ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE
240 East 38th Street • 16th Floor • New York, NY 10016
Telephone: (212) 263-6033 • Website: www.ruskinstitute.org

Outpatient Adult Cancer Rehab Physical Therapy Referral Form

FAX to the ACC RUSK INTAKE / REGISTRATION at (212) 263-0113

Date: _____

Patient Name: (Last)_____(First)_____

Date of Birth:_____ Gender (Please Circle): F M Social Security:_____

Patient Address: _____

Patient Phone: (H)_____(W)_____(C)_____

Primary Insurance:_____

Policy ID#:_____Insured Name:_____

Secondary Insurance:_____

Policy ID#:_____Insured Name:_____

Medical Diagnosis: _____ ICD code:_____

_____953.4 Brachial Plexus Injury
_____709.2 Scar Condition & Fibrosis of Skin
_____998.9 Surgical Procedure, Complication
_____729.5 Arm Pain / Leg Pain
_____719.41 Shoulder Pain
_____782.8 Changes in skin texture

_____959.2 Acute Injury, Shoulder
_____840.9 Shoulder Sprain / Strain
_____726.0 Frozen Shoulder
_____611.0 Breast Infection
_____990 Late effects of Radiation
_____Other _____

Prescription for: (please select)
_____ Manual Therapy, Therapeutic Exercise, Neuromuscular Re-education, Body Mechanics Gait Training, Modalities (PRN: ultrasound, e-stim, hot pack/cold pack)

_____ Other _____

_____ Right Arm/Breast _____Left Arm/Breast

Precautions: _____

Frequency and Duration: _____

Physician's Name/Specialty (Please Print) _____

NPI#: _____ License Number:_____ UPIN:_____

Physician's address:_____

Office Telephone: (_____)_____ Office Fax: (_____)_____

Physician's Signature: _____