Ambulatory Care Center
RuskRehabilitation – Occupational Therapy
240 East 38th Street 17th Floor
New York, NY 10016

Outpatient Occupational Therapy Barrier Free Design Referral

OCCUPATIONAL THERAPY – BARRIER-FREE DESIGN

FAX to (212) 263-0113 OR EMAIL to RuskACCIntake@nyumc.org

Date: ____________________ **Patient Name:** ____

Gender: □ Female □ Male **Date of Birth:**____

Telephone Number: Home: (_______)_______--___________ Cell: (________)_______-___________

Patient Address:____

Primary Insurance: ________________________________Policy Number: ___________________________
Secondary Insurance: ______________________________Policy Number: ___________________________
Insured Name: ____

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Medical Diagnosis: ___________________________***ICD 10***: ___________________***Onset Date:*** ________

OT Prescription for: **(please select)**

_______OT Barrier Free Design Evaluation and Treatment
_______ ADL (Self Care Management)
_______ Community Reintegration
_______ Other____

Physician Order Frequency and Duration: ___________________________

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Physician's Name (Please Print): ____
License Number: ______________**UPIN:** _________________________**NPI#:** ___________________
Office Telephone: (______)_______-____________**Office Fax:** (____)_______-____________

Physician's Signature:____