



Fax: (212) 263-0113 | Email: RuskACCIntake@nyumc.org

**PHYSICIAN'S ORDER FOR
BRAIN INJURY DAY TREATMENT PROGRAM SERVICES**

Date: _____

Patient Name: _____ Date of Birth: __/__/__ M F

Marital Status: Single _____ Married _____ Divorced _____

Patient Telephone: (Home) _____ (Work) _____

(Cell) _____ Patient Address: _____

Patient Social Security #: _____

Primary Insurance: _____ Policy Number: _____ Insured _____

Secondary Insurance: _____ Policy Number: _____ Insured _____

Family/Significant Other Contact:

Name: _____ Relationship: _____

Primary Phone: _____

Date of Onset of Injury/Illness: _____ (type of injury/illness) _____

Is the patient currently receiving inpatient or outpatient services? If yes, where?

Previous Neuropsychological Evaluation: Yes No Date: _____

Diagnosis: _____

ICD Code(s)* **SEE ATTACHED ICD-10 CODE SHEET**

Primary _____

Secondary _____ Medications: _____

Tertiary _____

Mental Health Diagnosis _____

[Only ICD-10 mental health codes from **F00-F99** are applicable]

Initial Referral

Referral for:

_____ Neuropsychological Evaluation

Do you want us to begin treatment, based upon our evaluation findings: Yes No

_____ Neuropsychological Rehabilitation

Presenting Problems/Symptoms _____

Please forward any other relevant medical documentation as well, to: Fax (212) 263-0113

Referring Physician: (Print) _____ (Signature) _____

Physician License #: _____ Physician PIN#: _____

Telephone #: _____ Fax #: _____

General Program Contact Number: 212-263-6033, then select 4-5

***BRAIN INJURY DAY TREATMENT PROGRAM ICD-10 CODE SHEET**

**Please select at least one Mental Health Diagnosis,
in addition to the relevant medical diagnoses**

Examples of relevant brain injury related diagnoses in our patients include but are not limited to an acquired brain injury as a result of:

Brain Tumors
Cerebral Hypoxia/Anoxia
Cerebrovascular Disease
Encephalitis
Epilepsy
Head Injury, Fracture of Skull

Head Injury, Intracranial
Meningitis
Multiple Sclerosis
Speech Disturbance
Hydrocephalus
Traumatic Brain Injury

Some Possible ICD-10 Mental Health Diagnoses

Mood related

Adjustment disorder with anxious mood: **F43.22**

Adjustment Disorder with depressed mood: **F43.21**

Adjustment disorder with other symptom: **F43.29**

Adjustment disorder with mixed anxiety and depressed mood: **F43.23**

Anxiety disorder, unspecified anxiety disorder type: **F41.9**

Anxiety disorder due to brain injury: **F06.4**

(Organic anxiety disorder: **F06.4**)

Major depressive disorder, single episode, unspecified: **F32.9**

Major depressive disorder, recurrent, moderate: **F33.1**

Cognitive related

Cognitive Dysfunction, Acquired: **F09**

(Neuropsychological dysfunction due to organic brain injury: **F09**)

Neuro-physiological based

Frontal lobe syndrome: **F07.0**

Mental disorder due to general medical condition: **F06.8**