NYU Langone MEDICAL CENTER

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

Outpatient Occupational Therapy Assistive Technology Referral

OCCUPATIONAL THERAPY – ASSISTIVE TECHNOLOGY

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: _____

. .. .

***Medical Diagnosis*: _____*ICD 10*: _____*Onset Date:* _____**

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

_____OT Assistive Technology Evaluation and Treatment
_____ ADL (Self Care Management)
_____ Community Reintegration
_____ Other_____

***Physician Order Frequency and Duration:* _____**

. .. .

Physician's Name (Please Print): _____
License Number: _____**UPIN:** _____**NPI#:** _____
Office Telephone: (_____)_____-_____**Office Fax:** (___)_____-_____

Physician's Signature:_____