NYU Langone MEDICAL CENTER

RUSK INSTITUTE REHABILITATION
240 East 38th Street
New York, NY 10016
www.ruskinstitute.org
212-263-6033

Outpatient Occupational Therapy Barrier Free Design Referral

OCCUPATIONAL THERAPY – BARRIER-FREE DESIGN

FAX to the RUSK BUSINESS OFFICE at (212) 263-0113

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 9*: _____*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:* _____**

Physician's Name (Please Print): _____
License Number: _____UPIN: _____NPI#: _____
Office Telephone: (_____)_____-_____Office Fax: (___)_____-_____

Physician's Signature:_____

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