



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

**Outpatient Occupational Therapy
 Seating and Mobility Referral**

OCCUPATIONAL THERAPY – SEATING AND MOBILITY

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 **Onset Date:** _____

_____ ALS 335.2 _____ Muscular Dystrophies 359.1
 _____ Multiple Sclerosis 340 _____ Quadriplegia 344.0
 _____ Other _____ ICD 9 CODE _____

OT Prescription for: (please select)

- _____ OT Power Mobility Evaluation and Training
- _____ OT Manual Wheelchair Evaluation and Training
- _____ Equipment Deliver and training
- _____ Custom Equipment Modifications

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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