NYU Langone MEDICAL CENTER

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

Occupational Therapy Vision Rehabilitation Referral

OCCUPATIONAL THERAPY VISION REHABILITATION
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: _____

_____ Visual Disturbance 368.10
_____ Visuospatial Neglect 781.8
_____ Lack of Coordination 781.3
_____ Homonymous Hemianopsia 368.46
_____ Concussion 850.9
_____ CVA 436
_____ Vertigo 780.4
_____ Brain Injury 854.00
_____ Multiple Sclerosis 340.0
_____ Unspecified Disorder of Nervous System 349.9

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

_____OT Visual Skills Evaluation and Retraining
_____ADL (Self Care Management Training)
_____Therapeutic Exercises and Activities
_____
_____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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