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) ________________

( ) Patient Telephone: (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:

<table>
<thead>
<tr>
<th>Brain Tumors</th>
<th>Head Injury, Intracranial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Hypoxia/Anoxia</td>
<td>Meningitis</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>Speech Disturbance</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Hydrocephalus</td>
</tr>
<tr>
<td>Head Injury, Fracture of Skull</td>
<td>Traumatic Brain Injury</td>
</tr>
</tbody>
</table>

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**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**