NYU Langone MEDICAL CENTER

Ambulatory Care Center
RuskRehabilitation – Occupational Therapy
240 East 38th Street 17th Floor
New York, NY 10016
www.nyulmc.org/rusk

Outpatient Occupational Therapy General Referral

GENERAL OCCUPATIONAL THERAPY

FAX to (212) 263-0113 or EMAIL 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 Eval & Treatment
_____Community Reintegration
_____Therapeutic Exercises
_____UE Training /Neuro Re-Ed/ Manual Therapy
_____Electrical Stimulation
_____ Orthotic Eval /Spint Fabrication
_____ Other _____
_____ADL (Self Care Management Training)
_____Functional Cognitive Skills Development
_____Functional Vision-Perceptual Training
_____Assistive Technology
_____ Home Modification – Barrier Free Design
_____W/C Training – Seating & Mobility

Physician Order Frequency and Duration: _____

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

Physician's Signature:_____