Rehab Without Walls®
Neuro Rehabilitation

PATIENT REFERRAL ORDER
FAX TO: 503.292.5208
Contact Christina, Community Relations Manager with any questions 239.210.8341

To best serve your patient, please include all relevant medical documentation and forms, including, where applicable, those pertaining to HISTORY & PHYSICAL, DISCHARGE SUMMARY, PATIENT DEMOGRAPHICS, AND LAB/X-RAY.

PATIENT INFORMATION

PATIENT NAME: First Last Name DOB: 01 / 01 / 2023

GENDER: ☐M ☐F ☐NB/Other ☐No Response PHONE: 000.000.0000

STREET ADDRESS: 1000 street name CITY, STATE, ZIP: City, State ZIP

EMAIL: email@domain.com

INSURANCE INFORMATION

INSURANCE CARRIER: First last name PHONE: 000.000.0000

DATE OF INJURY: 01 / 01 / 2023 STATE OF ACCIDENT: state

ID/CLAIM NUMBER: claim # GROUP NUMBER: group#

SUBSCRIBER NAME: First last name SUBSCRIBER DOB: 01 / 01 / 2023

WORKERS' COMP OR MOTOR VEHICLE ACCIDENT: (check one)

☐ Workers' Comp ☐ Motor Vehicle Accident

DATE OF INJURY: 01 / 01 / 2023 STATE OF ACCIDENT: state

ADJUSTERS NAME: First last name PHONE: 000.000.0000 FAX: 000.000.0000

PHYSICIAN INFORMATION

CLINIC NAME: First last name PHYSICIAN NAME: First last name NPI#: NPI#

PHONE: 000.000.0000 FAX: 000.000.0000 DIAGNOSIS/CPT CODE: Diag/CPT Code

PLEASE CHECK ONE

☐ **BRAIN REHABILITATION SERVICES**

☐Home & Community **OR** ☐Day Program

- **Brain Injury Rehab Center Evaluation and Treatment**
  - Interdisciplinary assessment and treatment of patient with TBI or ABI (MD/DO, Psych, PT, OT, and SLP)

*Portland location only

☐ **PAIN REHABILITATION SERVICES**

- **Structured IDT Eval and Treatment** (MD/DO, Psych, PT, OT)
- **Pre-Surgical Evaluation** (MD/DO, Psych, PT, OT)
- **Work Hardening/Conditioning Evaluation**
  - Identifies suitability for strength program designed to return worker to the job
- **Acupuncture**
  - Program or single service

PLEASE SEND CHART NOTES* **FAX TO:** 503.292.5208
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Please Check One

☐Evaluation Only ☐Evaluate & Treat