



# Rehab Without Walls®

Neuro Rehabilitation

## PATIENT REFERRAL ORDER

FAX TO: 503.292.5208

Contact Christina, Executive Director, with any questions you may have 503.467.7552.

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: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 GENDER:  M  F  NB/Other  No Response PHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

### INSURANCE INFORMATION

INSURANCE CARRIER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DATE OF INJURY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STATE OF ACCIDENT: \_\_\_\_\_  
 ID/CLAIM NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_  
 SUBSCRIBER NAME: \_\_\_\_\_ SUBSCRIBER DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

- Workers' Comp  Motor Vehicle Accident

DATE OF INJURY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STATE OF ACCIDENT: \_\_\_\_\_  
 ADJUSTERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### PHYSICIAN INFORMATION

CLINIC NAME: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DIAGNOSIS/CPT CODE: \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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)
- Outpatient
- **Single Service** (check all that apply):  
 MD  Psych  PT  OT  SLP

**PAIN REHABILITATION SERVICES**

- Day Program
- **Structured IDT Eval and Treatment** (MD/DO, Psych, PT, OT, Biofeedback, Acupuncture)
  - **Pre-Surgical Evaluation** (MD/DO, Psych, PT, OT)
  - **Work Hardening/Conditioning Evaluation** - Identifies suitability for strength program designed to return worker to the job
- Functional Capacity Evaluation**
- Outpatient
- **Single Service** (check all that apply):  
 MD  Psych  PT  OT  Biofeedback  Acupuncture

**PLEASE SEND CHART NOTES\*** FAX TO: 503.292.5208  
 Contact Christina, ED, with any questions 503.467.7552

**Please Check One**  
 Evaluation Only  Evaluate & Treat