NYU Langone MEDICAL CENTER

ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE
240 East 38th Street • 16th Floor • New York, NY 10016
Telephone: (212) 263-6033 • Website: www.ruskinstitute.org

Outpatient Adult Physical Therapy Referral Form

FAX to the ACC RUSK INTAKE / REGISTRATION at (212) 263-0113

Date: ________________________

Patient Name: (Last)___________________________(First)_____________________________________

Date of Birth:__________________ Gender (Please Circle): F M Social Security:_________________

Patient Address: ____

Patient Phone: (H)___________________(W)________________________(C)_____________________

Primary Insurance:_____________________________________

Policy ID#:_______________________________________Insured Name:_________________________

Secondary Insurance:___________________________________

Policy ID#:_______________________________________Insured Name:_________________________

Medical Diagnosis: ___________________________________ ICD code: _________________________

***Physical Therapy Evaluation and Treatment including* (please select):**

□ **Therapeutic Exercise**

□ **Manual Therapy**

□ **Gait Training**

□ **Modality (including electrical stimulation)**

□ **Other**____

Onset Date:________________

Precautions: ____

Physician's Name/Specialty (Please Print) ____

NPI#: ________________________ License Number:________________ UPIN:_________________

Physician's address:____

Office Telephone: (______)_____________________ Office Fax: (______)______________________

Physician's Signature: ____