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 Vestibular 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: _____

Vestibular Diagnosis/ICD code (please select):

- ☐ **781.2 Abnormality of Gait**
- ☐ **386.11 Benign Paroxysmal Positional Vertigo**
- ☐ **386.12 Vestibular Neuritis**
- ☐ **386.30 Labyrinthitis**
- ☐ Concussion **(MUST also include vestibular dx)**
- ☐ **386.00 Meniere's Disease**
- ☐ **386.2 Vertigo of Central Origin**
- ☐ **386.40 Labyrinthine Fistula**
- ☐ **386.50 Labyrinthine Dysfunction**
- ☐ **Other** _____

Prescription for evaluation & treatment as needed: _____

Onset Date: _____

VESTIBULAR PSYCHOLOGY

Please select: (may select any one or combination)
_____ Educational Series / Support Group (led by physical and psychological therapists)
_____ Vestibular Psychology Therapy

Adjustment Disorder with: (PLEASE SELECT ***ONLY ONE***)
_____ Anxiety
_____ Depressed Mood
_____ Mixed Anxiety & Depressed Mood

Physician's Name/Specialty (Please Print) _____
NPI#: _____ License Number:_____ UPIN:_____
Physician's address:_____

Office Telephone: (_____)_____ Office Fax: (_____)_____

Physician's Signature: _____