

Ambulatory Care Center RuskRehabilitation – Occupational Therapy 240 East 38th Street 17th Floor New York, NY 10016

Outpatient Occupational Therapy Assistive Technology Referral

OCCUPATIONAL THERAPY – ASSISTIVE TECHNOLOGY

FAX to (212) 263-0113 OR EMAIL to RuskACCIntake@nyumc.org

Date:	Patient Name:
Gender: □ Female □ Male	Date of Birth:
Telephone Number: Home:	()Cell: ()
Patient Address:	
Primary Insurance:	Policy Number:
	Policy Number:
Insured Name:	
• • • • •	
Medical Diagnosis:	ICD 10:Onset Date:
OT Prescription for: (please select) OT Assistive Technology Evaluation and Treatment ADL (Self Care Management) Community Reintegration Other	
Physician Order Frequency an	nd Duration:
• •• ••	
Physician's Name (Please	e Print):
	UPIN:NPI#:
Office Telephone: ()Office Fax: ()
Physician's Signature:	