

Ambulatory Care Center
RuskRehabilitation – Occupational Therapy
240 East 38th Street 17<sup>th</sup> Floor
New York, NY 10016
www.nyulmc.org/rusk

## Outpatient Occupational Therapy General Referral

## GENERAL OCCUPATIONAL THERAPY FAX to (212) 263-0113 or EMAIL RuskACCIntake@nyumc.org

Date:	Patient Name:
<b>Gender:</b> □ Female □ Male	Date of Birth:
Telephone Number: Home: (	)Cell: ()
Patient Address:	
Secondary Insurance:	Policy Number:Policy Number:
Insured Name:	
Medical Diagnosis:	
Onset Date:	
OT Prescription for: (please se	elect)
OT Eval & Treatment	ADL (Self Care Management Training)
Community Reintegrat	
Therapeutic Exercises	Ed/ Manual TherapyAssistive Technology
Electrical Stimulation	Home Modification – Barrier Free Design
Orthotic Eval /Spint Fa	
Physician Order Frequency an	d Duration:
• • • • • •	
Physician's Name (Please Print):	
•	UPIN:NPI#:
	Office Fax: ()
, (	
Physician's Signature:	