



PHYSICIAN REFERRAL FORM

EASTER SEALS REHABILITATION CENTER
3701 BELLEMEADE AVENUE, EVANSVILLE, IN 47714
Phone: (812) 479-1411

Fax: (812) 437-2636 (Main Floor), (812) 437-2606 (Medical Records) (812) 437-2611 (ATS/DME)

PATIENT NAME: GENDER: M F		D.O.B :
CUSTODIAL PARENT(S)/GUARDIAN (if applicable)		WARD OF COURT:: Y N
PHONE: Home:	Work:	Cell :
ADDRESS:	City:	State Zip:
TYPE OF INSURANCE :		

REASON FOR REFERRAL: Date(s)of Last Evaluation(s) _____ Current services/therapies	DIAGNOSES:
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REHABILITATION SERVICES

Occupational Therapy <input type="checkbox"/> 1. Evaluation and/or therapy <input type="checkbox"/> 2. Sensory Integration & Praxis Test (ages 4 to 9) primary concern is sensory processing, motor planning; 4 to 6 hours <input type="checkbox"/> 3. Handwriting Evaluation <input type="checkbox"/> 4. Splinting (upper extremities) <input type="checkbox"/> 5. Driver's Evaluation and/or training	Physical Therapy <input type="checkbox"/> 1. Evaluation and/or therapy <input type="checkbox"/> 2. Casting/Orthotics (lower extremities) <input type="checkbox"/> 3. Aquatic Therapy Speech and Language Therapy <input type="checkbox"/> 1. Evaluation and/or therapy Audiology <input type="checkbox"/> 1. Evaluation <input type="checkbox"/> 2. Auditory Brainstem Response Testing (ABR)
Mental Health Services <input type="checkbox"/> 1. Psychological Evaluation <input type="checkbox"/> 2. Counseling	Medical Clinics <input type="checkbox"/> 1. Orthopedic Management

SPECIALIZED EVALUATION & TREATMENT PROGRAMS

Comprehensive Evaluation and Therapy (3 years and older) <input type="checkbox"/> Evaluations by an audiologist, speech/language pathologist, occupational therapist, physical therapist, and/or psychologist (Evaluations necessary will be determined after the Social History Interview) Specialized Autism Services <input type="checkbox"/> 1. C.A.R.D.S. Collaborative Autism and Related Disorders Services (2 to 5 years) Team evaluation (OT, SLP) in conjunction with St. Mary's (MD, Psychologist) to diagnose autism and/or related developmental disorders and determine treatment recommendations <input type="checkbox"/> 2. P.L.A.Y. Play and Language for Autistic Youngsters (18 months to 6 years) Intensive home-based parent training program for children with Autism Spectrum Disorder Residential Placement Consultation <input type="checkbox"/> Placement options for children and adults with significant developmental disabilities	ASSISTIVE TECHNOLOGY SOLUTIONS Direct Fax: (812) 437 - 2611 <input type="checkbox"/> 1. Wheelchair Mobility and Seating System Evaluation <input type="checkbox"/> 2. Computer Access <input type="checkbox"/> 3. Environmental Control <input type="checkbox"/> 4. Home Modification <input type="checkbox"/> 5. Worksite/Ergonomic <input type="checkbox"/> 6. Wheelchair Repair Aquatics - accessible warm water therapy pool <input type="checkbox"/> 1. Open Swim/independent exercise <input type="checkbox"/> 2. Exercise Classes <input type="checkbox"/> 3. Pool Therapy - requires physical therapy evaluation Fitness/Recreational Services <input type="checkbox"/> 1. Adult therapeutic exercise group
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The requested services are medically necessary.

Physician's Signature

NPI

Phone

Physician's Name (Please print or type)

Address

Date
ATS Rev: 2/5/16

