NYU Langone MEDICAL CENTER

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

Outpatient Vocational Rehabilitation 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:_____

Prescription for Vocational Rehabilitation (please select):

_____ Assessment
_____ Treatment
_____ Other: _____

Onset Date: _____

Pertinent Medical History: _____
Precautions: _____

Physician's Name/Specialty (Please Print) _____

NPI#: _____ License Number:_____ UPIN:_____

Physician's address:_____

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

Physician's Signature: _____