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: _____