

# OUTPATIENT SERVICES REFERRAL FORM



RHI Eagle Highlands  
Outpatient Therapy Services  
4141 Shore Drive  
Indianapolis, IN 46254  
Phone: 317-329-2138 Fax: 317-329-2280

RHI Eagle Highlands  
Outpatient Physiatry Services  
4141 Shore Drive  
Indianapolis, IN 46254  
Phone: 317-329-2525 Fax: 317-329-2360

## REQUIRED INFORMATION

- Prescription Form
- Relevant Labs, Imaging and Pathology Reports
- Patient Demographics/Insurance
- List of Current Medications
- Surgical Reports, Physician Progress Notes, Chemotherapy and Radiation Therapy Reports (if applicable)

## PATIENT INFORMATION (ALL SECTIONS MUST BE COMPLETED FOR PROCESSING)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Medical Diagnosis: \_\_\_\_\_ Associated ICD-10: \_\_\_\_\_  
Reason for Referral/Rehab Diagnosis: \_\_\_\_\_  
Needs Interpreter  Yes  No If yes, please specify language \_\_\_\_\_

## REQUESTED SERVICES (PLEASE CHECK AT LEAST ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Therapy (Evaluate and Treat)          | <input type="checkbox"/> OT Vision Rehabilitation                      |
| <input type="checkbox"/> Occupational Therapy (Evaluate and Treat)      | <input type="checkbox"/> PT/OT Wheelchair Seating & Positioning Clinic |
| <input type="checkbox"/> Speech Therapy (Evaluate and Treat)            | <input type="checkbox"/> Neuropsychology (Evaluate and Treat)          |
| <input type="checkbox"/> Speech Therapy Swallowing (Evaluate and Treat) | <input type="checkbox"/> Physiatry Consult                             |
| <input type="checkbox"/> Modified Barium Swallow Study                  | <input type="checkbox"/> Other _____                                   |
| <input type="checkbox"/> Clinical Swallowing Evaluation                 |  |

### SPECIALTY THERAPY SERVICES:

- Day Treatment Program (pending qualification)
- Dry Needling
- High Intensity Gait Training
- LSVT BIG
- LSVT LOUD
- Post Concussion Services
- Spine and Musculoskeletal
- Vestibular and Balance Retraining
- Vision Rehabilitation
- Wheelchair Seating and Positioning Clinic
- Other \_\_\_\_\_

### PHYSIATRY SERVICES:

- Spasticity Clinic
- Spinal Cord Clinic
- Spine and Musculoskeletal Clinic
- Therapeutic Botulinum Toxin Clinic

### INJECTIONS:

- Epidurals
- Selective Nerve Root
- Facet Joint/MBB
- Sacroiliac Joint
- Trigger Point
- Other \_\_\_\_\_

### PLEASE INDICATE IF ANY SPECIALTY SERVICES ARE REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NEUROPSYCHOLOGY SERVICES:

- Neuropsychological Consultation and Testing
- Comprehensive Eval & Treat

## PROVIDER SIGNATURE/INFORMATION

Today's Date: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Provider's Printed Name \_\_\_\_\_ NPI # \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Next M.D. Appointment Date: \_\_\_\_\_  
Sender's Phone: \_\_\_\_\_ Sender's Fax: \_\_\_\_\_



# REHABILITATION

HOSPITAL OF INDIANA

