ORTHOPAEDIC REHABILITATION INSTITUTE

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# PATIENT REFERRAL FORM (IME)

**DATE:** _____ **REPORT DUE BY:** _____

- ❒ CASE MANAGEMENT (OT, RN)
- ❒ HOSPITAL DISCHARGE PLANNING
- ❒ HOME SAFETY
- ❒ HOME ACCESSIBILITY
- ❒ ATTENDANT CARE, FORM 1
- ❒ HOME MEDICAL EQUIPMENT
- ❒ HOME MODIFICATIONS
- ❒ VEHICLE MODIFICATION
- ❒ JOB SITE/ERGONOMIC
- ❒ FUNCTIONAL ABILITIES EVALUATION (FAE)
- ❒ PHYSICAL DEMAND ANALYSIS
- ❒ EMG/NCS
- ❒ MRI
- ❒ CT SCAN
- ❒ SLEEP DISORDER STUDY
- ❒ REHABILITATION SUPPORT WORKER (RSW)
- ❒ NURSING
- ❒ PERSONAL CARE (PSW)
- ❒ COMPANION/HOUSEKEEPING
- ❒ CHRONIC PAIN MANAGEMENT PROGRAM
- ❒ DRIVING INTEGRATION PROGRAM
- ❒ VOCATIONAL REINTEGRATION PROGRAM
- ❒ WORK HARDENING PROGRAM
- ❒ WEIGHT LOSS PROGRAM
- ❒ EXPERT FILE REVIEW
- ❒ OTHER

- ❒ CATASTROPHIC IMPAIRMENT/SINGLE AND MULTIDISCIPLINARY
- ❒ CHRONIC PAIN
- ❒ DENTAL/TMJ
- ❒ RHEUMATOLOGY
- ❒ PHYSIATRY
- ❒ NEUROLOGY
- ❒ NEUROPSYCHOLOGY
- ❒ NEUROPSYCHIATRY
- ❒ NEUROSURGERY
- ❒ OPHTHALMOLOGY
- ❒ OPTOMETRIST
- ❒ ORAL SURGERY
- ❒ ORTHOPAEDIC SURGEON
- ❒ OTOLARYNGOLOGY (ENT)
- ❒ PLASTIC SURGERY
- ❒ PHYSICIAN(GP)
- ❒ PSYCHIATRY
- ❒ SOCIAL WORK
- ❒ PSYCHOLOGY/PSYCHOLOGICAL THERAPY (MHT, CBT)
- ❒ PSYCHO-EDUCATIONAL
- ❒ PSYCHO-VOCATIONAL
- ❒ FUTURE CARE COST
- ❒ LOSS OF EARNING
- ❒ SPEECH-LANGUAGE PATHOLOGY
- ❒ VOCATIONAL/VOC. PROGRAM
- ❒ TRANSFERABLE SKILLS ANALYSIS

| **PATIENT INFORMATION** | LAST | FIRST | MIDDLE: |
|---|---|---|---|
| SEX: | BIRTH DATE: | | E-MAIL: |
| ADDRESS: | | CELL: | HOME PHONE: |

| **INSURANCE INFORMATION** | COMPANY NAME: | | |
|---|---|---|---|
| DATE OF LOSS: | POLICY #: | | CLAIM #: |
| ADJUSTER NAME: | PHONE: | FAX: | E-MAIL: |

| **LEGAL REPRESENTATIVE** | COMPANY NAME: | LAWYER: |
|---|---|---|
| TELEPHONE: | FAX: | E-MAIL: |

| **REFERRAL INFORMATION** | COMPANY NAME: | NAME: |
|---|---|---|
| TELEPHONE: | FAX: | E-MAIL: |

INTERPRETER REQUIRED: YES ❒ NO ❒
IF YES, WHAT LANGUAGE _____

TRANSPORTATION REQUIRED: YES ❒ NO ❒
WHEELCHAIR ACCESSIBLE REQUIRED: YES ❒ NO ❒

**AB:** ❒ **TORT:** ❒

**MEDICAL BRIEF:** ❒ FAXED ❒ MAILED ❒ COURIERED