



Ambulatory Care Center
 Rusk Rehabilitation – Occupational Therapy
 240 East 38th Street 17th Floor
 New York, NY 10016
www.nyulmc.org/rusk

Occupational
 Therapy
 Vision Rehabilitation
 Referral

OCCUPATIONAL THERAPY VISION REHABILITATION
 FAX to (212) 263-1130 OR EMAIL ACCRuskIntake@nyumc.org

Date: _____ Patient Name: _____

Gender: Female Male Date of Birth: _____

Telephone Number: Home (_____) _____ -- Cell (_____) _____ - _____

Patient Address: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Insured Name: _____

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Medical Diagnosis _____ ICD10: _____ Onset Date: _____

OT Prescription for: (please select)

_____ OT Visual Skills Evaluation and Retraining _____

_____ ADL (Self Care Management) Training _____

_____ Therapeutic Exercises and Activities _____