



# Outpatient Services Referral Form

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Insurance Information: \_\_\_\_\_

Referral Date: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Diagnosis Code: \_\_\_\_\_  
 Date of Onset: \_\_\_\_\_  
 Precautions: \_\_\_\_\_  
 Referring Provider:(print) \_\_\_\_\_  
 Provider NPI # \_\_\_\_\_  
 Office Address : \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_

**2150 Corbin Avenue New Britain CT 06053**  
**Outpatient Therapy Appointments and Information**  
**860-832-6258 Fax: 860-832-6277**  
**Physician Clinic Appointments and Information**  
**860-832-6254 Fax: 860-612-6319**  
**Psychology Appointments and Information**  
**860-827-4751 Fax: 860-612-6319**  
**Autism Center Appointments and Information**  
**860-612-6381 Fax: 860-612-6384**

Reason for Referral: \_\_\_\_\_  
 \_\_\_\_\_

### Physical Therapy

- |   |                     |
|---|---------------------|
| Vestibular Therapy                      | Aquatic Therapy     |
| Manual Therapy                          | Spine/Orthopedic    |
| Lymphedema                              | Wheelchair/Seating  |
| Gait/Mobility/Balance                   | Parkinson's PWR/BIG |
| Orthotic/Prosthetic Training/Management |                     |

### Physician's Clinic and Services

- |                           |             |
|---------------------------|-------------|
| Spasticity Management     | Physiatry   |
| Pulmonary                 | EMG         |
| Neuromuscular Clinic      | Prosthetics |
| Pain Management           | Wound Care  |
| Movement Disorders Clinic |             |
| Cognitive Health Center   |             |

### Occupational Therapy

- |   |                   |
|---|-------------------|
| Pre-Driving Assessment                  | Lion's Low Vision |
| Lymphedema                              | Splinting         |
| Cognitive Rehab                         | Aquatic Therapy   |
| Parkinson's PWR/BIG                     |                   |
| Asst Technology/Adaptive Equipment      |                   |
| Orthotic/Prosthetic Training/Management |                   |

### Psychology

- Neuropsychological Evaluation
- Psychological Evaluation
- Psychotherapy/Behavioral Intervention
- Cognitive Health Center

### Speech Therapy

- |                             |                 |
|-----------------------------|-----------------|
| Dysphagia                   | Speech/Language |
| FEES                        | Cognitive Rehab |
| Modified Barium Swallow     | Voice Therapy   |
| Augmentative Communication  |                 |
| Parkinson's Speak Out!/LOUD |                 |

### Autism Spectrum Services

- Psychiatry
- Psychology (Diagnostic Testing)
- Social Work/Psychotherapy
- Therapy PT OT Speech
- Partial Hospital Program (PHP)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_