

## 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   | EMG         |
| Pulmonary Neuromuscular | Prosthetics |
| Clinic Movement         | Wound Care  |
| Disorders Clinic        |             |
| Cognitive Health Center |             |
| Physiatry               |             |

**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:** \_\_\_\_\_