USC Division of Occupational Science and Occupational Therapy

Occupational Therapy Faculty Practice

OCCUPATIONAL THERAPY REFERRAL FORM

Patient name:_____Phone: _____

Address: _____

Diagnosis: _____ICD-9: _____

Diagnosis: _____ICD-9: _____

History/Precautions: _____

Physician's Name/Title:_____Phone:_____

Phone/Address: _____

Email: _____NPI #: _____

- ☐ OCCUPATIONAL THERAPY EVALUATION AND REPORT
- ☐ OCCUPATIONAL THERAPY EVALUATION AND TREATMENT
- ☐ HOME and/or WORK EVALUATION (Safety, Adaptive Equipment, Ergonomics)

Lifestyle Redesign® is the development and enactment of health-promoting lifestyle habits and routines designed to improve health and quality of life and prevent and control chronic health conditions.

Lifestyle Redesign® Specific Programs:

☐ Weight Management ☐ Diabetes Management ☐ Chronic Pain Management ☐ Chronic Headaches ☐ Behavioral Health ☐ Smoking Cessation and Relapse Prevention	☐ Movement Disorders / Parkinson's Disease / Multiple Sclerosis ☐ College Student ☐ Oncology ☐ Lifestyle Risk Assessment

By signing below I certify that I have examined the patient and that services will be furnished while the patient is under my care, and that the plan is established and will be reviewed every 90 days or more often if the patient's condition requires.

_____

PHYSICIAN'S SIGNATURE DATE

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