USC Mrs T H. Chan Division of
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Faculty Practice

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OCCUPATIONAL THERAPY REFERRAL FORM

Patient name:_____DOB:_____Phone: _____

Address: _____

Diagnosis: _____ICD-10: _____

Diagnosis: _____ICD-10: _____

History/Precautions: _____

Physician's Name/Title:_____Phone:_____

Phone/Address: _____

Email: _____NPI #: _____

- ☐ OCCUPATIONAL THERAPY EVALUATION AND TREATMENT
- ☐ OCCUPATIONAL THERAPY EVALUATION AND REPORT (no treatment included)
- ☐ HOME and/or WORK EVALUATION (Safety, Adaptive Equipment, Ergonomics)

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

Please select one or more Lifestyle Redesign® program(s):

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

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