



Attention: Therapy Department Rehabilitative Services Request

R
Rehabilitative

Telephone No: 512-438-2200 option 1 Fax No: 512-438-2302

R
Rehabilitative

This form **will not** be reviewed unless it is complete.

Does this recipient have a diagnosis of intellectual disability, cerebral palsy, development delay or a closed head injury before the age of 22 years?..... Yes No

If Yes, **stop** and complete Form 2465, Specialized Services Request.

Date of Evaluation		Check One:			
		<input type="checkbox"/> Physical Therapy (PT)	<input type="checkbox"/> New (submit initial evaluation)*		
		<input type="checkbox"/> Speech Therapy (ST)	<input type="checkbox"/> Recertification (do not send plan of care)		
		<input type="checkbox"/> Occupational Therapy (OT)	<input type="checkbox"/> Restarted (submit evaluation)		
Name		Social Security No.	Date of Birth	Medicaid No.	
Primary Medical Diagnosis				First Date of Primary Medical Diagnosis	
Other Medical Diagnoses and Dates Diagnosed					
Nursing Facility		City	Vendor No.	Date Admitted	Admitted From
Hospitalization Dates	Area Code and Telephone No.	Area Code and Fax No.		Medicare Provider No.	
Medicaid Provider No.	Therapist				

Note: ROM, splinting, positioning, wound care, pain management, sensory stimulation and/or staff/family training are not covered in this program.

Functional Status at Present (in measurable terms): **Do not crowd information**

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Thirty-Day Goals (in measurable terms): **Do not crowd information**

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Orientation and Ability to Participate (**Required**) _____

Attention Therapist*

PT OT ST Approved _____

- _____ Establish a plan of care for staff to follow and discharge patient.
- _____ Must make a significant measurable progress to qualify for recertification.
- _____ Establish a restorative nursing plan of care and discharge patient.

*** Authorization of services does not guarantee payment**

Please give this fax to Therapy Department