REHAB AT WORK-Corporate
It's Our REHAB That WORKS
30 W. Gude Drive, Suite 230
Rockville, Maryland 20850
P: 301-838-2040 F: 301-838-2041
Corporate@rehabatwork.com

Patient's Name:		**SSN:**	XXX-XX-
Sex:	**DOB:**	**Date of Injury:**	
Phone:		**Email:**	
Address:		**City, State, Zip:**	

↓ **FOR OFFICE USE ONLY** ↓

TYPE OF REFERRAL		**REFERRED BY**	
ICD-10:		**Diagnosis:**	
Therapist Initials:			

Available to send: Medical Records (Last office note, operative reports, diagnostic reports, IME)
Job Description Other:

Goals of referral: Establish abilities for: Return to work Vocational Placement WH/WC Optio
Other:

~~**CIRCLE PREFERRED CONTACT (PHONE/EMAIL) AND PREFERRED REPORT TRANSMISSION (EMAIL/FAX) FOR ALL CONTACTS ASSOC WITH THE CASE. INCLUDE TITLE (E.G. MD, PA, CM, NCM, ADJ, VC)**~~

Practitioner:		**Practice:**	
~~**Address:**~~		~~**City, State, Zip:**~~	
~~**Phone:**~~		~~**Fax:**~~	
Email:			
Case Manager:		**Company:**	
Address:		**City, State, Zip:**	
Phone:		**Fax:**	
Email:			
Attorney-Clmnt:		**Company:**	
Address:		**City, State, Zip:**	
~~**Phone:**~~		~~**Fax:**~~	
~~**Email:**~~		~~**Paralegal:**~~	

OTHER ("X"): Adj. Atty-Clmnt Atty-Def CM Practioner TPA

Other:		**Company:**	
Address:		**City, State, Zip:**	
Phone:		**Fax:**	
Email:			

CONTACT ("X"): Adj. Scheduler Contact Rep Other:

BILLED PARTY:		**Contact:**	
~~**Address:**~~		~~**City, State, Zip:**~~	
~~**Phone:**~~		~~**Fax:**~~	
Email:		**Jurisdiction:**	

~~FOR "CLAIM #" ("X"): Member # Claim # ID # Policy #~~
FOR "REFERRAL #" ("X"): Group # Referral # Case # Auth # Order

CLAIM NUMBER:		**REFERRAL NUMBER:**	
AUTH'D VISITS:	**AUTH EXP:**		
Policy Holder's Name (other than self):		**Relationship to Policy Holder:**	
Policy Holder's Address (if different than above):		**Address:**	
Policy Holder's Date of Birth:		**City, State, Zip:**	

Has a staff member explained your benefits to you? Yes No NA

Employment Information (at the time of injury):

Employer:		**Position:**	
Contact:		**Phone:**	
Service:		**Scheduled Appt:**	@
Date of Referral:		**Date of Revision:**	