RIW
Rehabilitation Institute of Washington PLLC

Centers Excellence
AMERICAN PAIN SOCIETY
Award Recipient 2011

REFERRAL FORM

Please Fax to (206) 859-5031. Please attach any supporting documents or records.

PATIENT INFORMATION

Patient Name _____ DOB _____

Address _____ SSN _____

City _____ Home Phone _____

State _____ Zip _____ Cell Phone _____

Primary Insurance _____ Policy/Claim Number _____

Contact Name _____ Phone Number _____

Secondary Insurance _____ Policy/Claim Number _____

Contact Name _____ Phone Number _____

Diagnosis/Reason for Referral: _____

Work Injury Programs:
- □ Brain Injury Rehab Program
- □ Pain Management Program
- □ Work Conditioning Program
- □ Work Hardening Program

Chronic Pain Management:
- □ Physiatry
- □ Pain Psychology
- □ Physical Therapy
- □ Occupational Therapy

Brain Injury Rehabilitation:
- □ Speech Therapy
- □ Occupational Therapy
- □ Physical Therapy
- □ Neuropsychology

Individual Services:
- □ Rehabilitation Medicine Evaluation / Treatment
- □ Physical /Occupational Therapy
- □ Speech Therapy
- □ Psychological Evaluation/Treatment
- □ Neuropsychological Evaluation
- □ Other _____

Comments: _____

REFERRAL SOURCE INFORMATION

Provider's Name/Specialty: _____ Office Phone: _____

Clinic name and Address: _____ Office Fax: _____

Provider Signature: _____

415 1st Avenue N, Suite 200
Seattle, WA 98109
P: 206-859-5030
F: 206-859-5031

Restoring quality and function to people's lives.