

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

OUTPATIENT REFERRAL SERVICES

Referral Office Contact Information/Contact Person:	
Outpatient Referral Services Rancho Los Amigos National Rehabilitation Center 7601 East Imperial Highway, Bldg.602 Downey, CA. 90242	Phone: (562) 385-6536 FAX: (562) 385-7826 Email: NPI #:

REFERRAL DATE (DATE RECEIVED): (*= Required Fields)

*** PATIENT INFORMATION:**

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
ADDRESS:	CITY:	STATE:	ZIPCODE:
CONTACT PHONE NUMBER:	DOB (MM/DD/YYYY)	BIRTHPLACE: (CITY AND COUNTRY)	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	MOTHERS MAIDEN:	SSN:	
PAYMENT SOURCE: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> CCS (*Rancho SAR Required) <input type="checkbox"/> Other: _____			CIN/ HIC/ POLICY #:

*** REFERRING PROVIDER/ORGANIZATION: (NOTE: Self-Referral is accepted with copy of most recent physical.)**

NAME OF REGIONAL CENTER: _____
 REFERRING PROVIDER'S NAME: _____
 PCP/CLINIC NAME: _____

REFERRING PROVIDER'S SIGNATURE: _____ DATE: _____

*PROVIDER'S LICENSE #: _____ PROVIDER'S NPI#: _____

ADDRESS:	CITY:	STATE:	ZIPCODE:
PHONE:	FAX:		
CASE MANAGER/ CARETAKER (*Required):	PHONE/ Ext:	EMAIL:	

*** REASON FOR REFERRAL:**

Primary Care Services
 Specialty Care Services: Please Specify _____
 Perform Consultation and Return Treatment Recommendations
 Other Requested Service(s): Please Specify _____

OUTPATIENT CARE CENTER USE ONLY

*** CLINICAL INFORMATION REQUIRED:**

- MRI/MRA IMAGING STUDIES, CD HOLTER REPORT DIAGNOSTIC TESTING
- TTE/TEE CT/CTA-HEAD/NECK CAROTID UTZ VP SHUNT STATUS
- LAST H&P REPORT SURGICAL HISTORY DISCHARGE SUMMARY TRANSFER SUMMARY
- MEDICAL RECORDS CLINICAL/PROGRESS NOTES IMMUNIZATION RECORDS DIAGNOSES
- CURRENT LAB ORDERS TCD FASTING LIPID HBA1C
- MD ORDERS

*** MEDICATION AND ALLERGIES:**

*** VENDOR SUPPLIES:**

Name:
Telephone #:
Fax#:

*** SOCIAL HISTORY:**

Patient Lives at: Home S.N.F.

Primary Caretaker:

OUTPATIENT CARE CENTER USE ONLY

Approved Scheduled: ASAP 2 Weeks Denied Additional Info Needed Routing To:

Reviewed by:

**ADDITIONAL
INFORMATION:**

NOTES: