



Request for referral prior to or during an acute care hospitalization

If it is determined that while I am an inpatient at (name of hospital) _____, that following my discharge I may require inpatient and/or outpatient rehabilitation care, I am requesting an evaluation/referral to Siskin Hospital for Physical Rehabilitation.

I understand that I will be medically evaluated and physiatrist must determine if criteria are met for me to qualify for admission to Siskin Hospital.

I am requesting that a Siskin Hospital physician or clinical nurse liaison provide a consultation to me. I hereby authorize them to visit me and determine the most appropriate level of rehabilitation care.

Patient name:

Patient/Caregiver Signature:

Date:

Phone Number:

Hospital Name:

insist on Siskin

where can't becomes I CAN

Give a copy of this form to your acute care case manager & keep a copy for your records. **Fax this form to 423.634.4505 or email this form to admissions@siskinrehab.org.**

Please call Siskin Hospital Admissions Department at **423.634.1277** to speak with an admissions representative.

We look forward to providing your rehabilitation care!