Request For Referral Prior To Or During An Acute Care Hospitalization

If it is determined that while I am an inpatient acute admission 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 a 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:

_____

Give a copy of this form to your acute care case manager and keep a copy for your records. Fax this form to 423.634.4579 or email this form to admissions@siskinrehab.org

INSIST on Siskin Hospital for your rehab needs!

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Please call the Siskin Hospital Admissions Department at 423.634.1277 to speak with an Admissions representative. We look forward to providing your rehabilitation care!