

FAX Referral Cover Sheet
TO: Charlotte Institute of Rehabilitation
1100 Blythe Blvd.
Charlotte, NC 28203
1-800-634-2256
704-355-4300
Fax: 704-355-7873

PT/OT/ST/Pediatrics/Physician

Please fax all H & P notes, script, and insurance information to CIR in order for patients to be contacted and scheduled in a timely manner. Our goal is to call every patient within a 48 hour time period to schedule them an appointment. This sheet will be faxed back to you to let you know when the patient is scheduled.

Please circle one: Therapy Services

Brain Injury	Headaches	Neurological Disorders
Amputation	Impairment Due to Cancer	Orthopedic Injuries/Conditions
Arthritis	Incontinence	Osteoporosis
Chronic Pain	Joint Replacement	Post Polio Syndrome
Concussion	Low Vision	Spasticity
Dizziness and Vestibular Disorders	Lymphedema	Speech/Language Disorders
Driving Evaluation	Multiple Sclerosis	Spinal Cord Injuries
Gait and Balance Disorders	Multiple Trauma	Stroke
Hand Injuries	Musculoskeletal Disorders	Work Related Injuries and Impairments

Physician Services:

Amputee Clinic	Lymphedema Clinic	Pediatrics	Skin Clinic
Brachial Plexus	Musculoskeletal Clinic	Post-Concussive Clinic	Spinal Cord Injury Clinic
Brain Injury Clinic	Oral Facial/Cranial Facial Clinic	Post-Polio Clinic	Stroke Clinic
Charlotte Continence Center	Orthopedic Program	Psych/Neuro Psych	Urology Clinic

FROM:

Facility Name
Address

Referral Coordinator: _____

PHONE#: _____ FAX # _____

Patient's Name: _____ DOB: _____

Patients Return Appointment to Physicians Office: _____
(Must Have)

Patient's Initial Visit to Therapy/Physician Date: _____ Time: _____

Signature of CIR staff _____