

249 Blackstone Boulevard, Providence, RI 02906-5815
 Phone: (401) 243-1200 | Fax: (401) 222-3887 | Web: www.dlt.ri.gov/arrigan

For timely processing, referrals require a medical diagnosis, signature of referring medical provider, date of referral, attachment of most recent medical report(s) and completion of the information below. We will report regularly on the progress of your patient. **Please fax this completed referral to 401-222-3887.**

Referral For:

Patient's Name: _____ Last 4 digits of Soc. Sec.# _____ Date of Referral: _____
 Date of Birth: _____ Patient's Phone Number: _____ Patient's Email: _____
 Address (Street, City/Town, State, Zip): _____
 Insurance Company: _____ Case Manager: _____ Date of Injury: _____
 Telephone: _____ Patient's Employer: _____
 Date of Surgery (if needed): _____ Interpreter Needed? Yes No If yes, what language? _____

Referral For: (Check One Only): <input type="radio"/> Evaluation & Treatment as per Arrigan Center recommendation OR <input type="radio"/> Evaluation & Treatment ONLY as indicated below

Physical and Occupational Therapy:

- Therapeutic Exercises
- Body Mechanics Training
- Splint Fabrication

Aquatic Therapy
 (Physical Therapy or Occupational Therapy)

Comprehensive Pain Management Program
 (Includes P.T., O.T., Psychological, Medical and Vocational Services)

Functional Capacity Evaluation (FCE)
 (Please specify below if restrictions apply)

Work-Site Services:

- Ergonomic Assessment/Consult
 - Symptom Management Coaching
 - Body Mechanics Instruction
 - Work Hardening (Progressive Work Simulation)
 - Psychological Consult
 - Vocational Services/Consult
- Patient Released to Work: Yes No
 (Please specify below if restrictions apply)
- 5-Week Work Readiness Program
 - English as a Second Language Program

Diagnosis(es):

Requesting Additional Feedback On (Date): _____

Clinical Restrictions:

Medical Provider's Signature:

Signature: _____ Date: _____
 Name (Print): _____ Telephone: _____