Physical Medicine & Rehabilitation (Physiatry) Referral Form

Pediatric physiatrists, also known as physical medicine and rehabilitation physicians, specialize in the rehabilitation care and medical management of children with cerebral palsy, brain injuries, spinal cord injuries, neuromuscular disorders, musculoskeletal conditions and chronic pain. They understand how cognitive and physical disabilities affect growth and development and they work with patients and families by leading a comprehensive rehabilitation team to develop and direct individualized treatment. Our team's primary objectives are to restore or improve function (e.g. walking) and maximize quality of life (e.g. decrease pain).

Children's Specialized Hospital®
An RWJBarnabas Health facility

If you have questions about Physiatry services at Children's Specialized Hospital or to connect with a local Children's Specialized Hospital practitioner, please call us at 732-258-7248.

Step 1: Referring Physician Information

Today's date

Referring physician's name **UPIN/NPI**

Referring physician signature

Referring clinic name/location

Referring office contact name

Referring office contact # **Office email:**

Appointment urgency (please check off) ☐ASAP ☐ Within 1-2 weeks ☐ Next Available

Step 2: Patient Information

☐ See facesheet attached

Patient name

Caregiver name(s) 1.

2.

Home address

City/State/Zip

Home phone #

Work phone #

Cell Phone #

Please fax completed form to 908-301-5432 Attn: Practice Coordinator or call 1-888-CHILDRENS (244-5373) x 5868

3. Reason for Pediatric Physiatry Referral

Evaluation and Medical Management Recommended for…			
☐	**Abnormal Gait (ie. Toe walking, in-toeing)**	☐	**Concussion management (mild concussion)**
☐	**Baclofen pump management**	☐	**Difficulties with mobility or other activities of daily living (ADLs)**
☐	**Botox and ethanol injections for…**	☐	**Electromyography/Nerve Conduction Study (EMG)**
	☐ Spasticity	☐	**Excessive drooling, jaw clenching,/severe lip biting, or open mouth posture**
	☐ Migraines	☐	**Limited range of motion (ROM)**
	☐ Drooling	☐	**Low tone**
	☐ Jaw clenching	☐	**Poor balance**
	☐ Pain	☐	**Spasticity, dystonia**
	☐ Sweating	☐	**Therapy needs**
	☐ Other:	☐	**Trigger point injections**
☐	**Bracing, wheelchair or equipment needs**	☐	**Weakness**
☐	**Chronic pain (including psychosomatic pain)**	☐	**Other:**
☐	**Cerebral Palsy, Coordination of Care**		