



PHYSICIAN REFERRAL FOR FALLS-RISK ASSESSMENT

To refer your patient for a Falls-Risk Assessment with St. Camillus, please complete this form and send it to the St. Camillus Home Care Agency via FAX: 315-488-0369.

**Please
check one:**

In-home Falls-Risk Assessment

(homebound patients only)

Questions? Call 315-488-2831

Outpatient Falls-Risk Assessment

(non-homebound patients)

Questions? Call 315-488-2951 ext. 229

Patient's Name: _____ DOB: _____

Patient's Phone: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsible Contact Person and Phone # (if someone other than patient): _____

Insurance Company: _____

Subscriber Name: _____ ID#: _____

I am referring the above patient for a physical therapy Falls-Risk Assessment with St. Camillus.

Referring Physician: _____

Phone: _____ Fax: _____

Diagnosis/Comments: _____

Medical History (or include an H&P): _____

Diet/Medications/Other Info. _____

MD Signature: _____ **Date:** _____

Please include any additional treatments if needed. Use additional pages if needed.

Thank you for referring your patient to St. Camillus.