



SAM KARAS ACUTE REHABILITATION REFERRAL FORM

To make a referral call 831-240-1499
Fax 888-206-4623

Date: _____	Total pages: _____
From: _____	
Phone: _____	Fax: _____

Referred by: _____
Referring Physician: _____
PCP: _____

Patient's Information:

Name: _____

Address: _____

Phone Number: _____ DOB: _____

Diagnosis: _____

Insurance Information: _____

Additional Information: _____

Include the following documentation:

- Physician order
- Physician H&P and/or discharge summary
- PT/OT/ST evaluations and two most recent progress notes
- Current medication list
- Face sheet