

Rehabilitation Referral and Prescription



BWC RehabCenter
The return-to-work place

2050 Kenny Road
Columbus, Ohio 43221

614-995-1150

1-800-462-3083 Ohio toll-free

614-995-4001 FAX

rehabservices@ohiobwc.com

www.ohiobwc.com/rehab.htm

Patient Name: _____

Date: _____

Address _____

City _____

State _____

Zip _____

(____) ____-____

____-____-____

Telephone

Soc Sec #

Claim Number _____

Date of Injury _____

Type of Injury/Diagnosis _____

Allergies _____

Attending Physician Name _____

(____) ____-____

Telephone

Contact Person _____

(____) ____-____

Fax Number

MCO or Insurance Company Name _____

(____) ____-____

Telephone

Please provide the following services for the above patient:

☐ Interdisciplinary Pain Management Program

☐ Including Vocational Evaluation

☐ Including Work Simulation

☐ Vocational Services

☐ Vocational Evaluation

☐ Job Seeking Skills Training

☐ Job Placement

☐ General Rehabilitation Program

☐ Physical Therapy Evaluate and Treat

☐ Occupational Therapy Evaluate and Treat

☐ Work Conditioning

☐ Aquatic Therapy

☐ Functional Capacity Evaluation

☐ Nutrition Counseling

☐ Psychological Services

☐ Occupational

Rehabilitation Program

☐ Job Modification

☐ Transitional Work

☐ Job Site Analysis

☐ Functional Capacity Evaluation

☐ Other (please specify): _____

Frequency: _____ Duration: _____

PRECAUTIONS/COMMENTS: _____

Physician's Signature: _____

** Please include medical reports related to the allowed injury (including any diagnostic tests which have been done) and other important medical information for evaluation and treatment at the BWC Rehab Center.*

Thank you for your referral to the BWC Rehab Center.

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