

Humboldt County Referral Form – Specialty Guidelines

ST JOSEPH HEALTH PHYSICAL MEDICINE AND REHABILITATION

- This is not a physical therapy office
- Fax referral to 707-268-0110
- Please include insurance information with referral
- Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
Specific body part – pain	<ul style="list-style-type: none"> • Referring Providers H&P And Office Notes • All Imaging Pertaining To Referred Area 	<ul style="list-style-type: none"> • Prior records that are pertinent to referral
CONCUSSIONS	<ul style="list-style-type: none"> • Referring Providers H&P And Office Notes • All Imaging Pertaining To Referred Area/Including MRI or CT of Brain/Cervical 	<ul style="list-style-type: none"> • Prior Records That Are Pertinent To Referred Area (Ex: Er Notes)
STROKES	<ul style="list-style-type: none"> • Referring Providers H&P And Office Notes • All Imaging Pertaining To Referred Area/Including MRI or CT of Brain/Cervical • Surgical Notes 	<ul style="list-style-type: none"> • Prior Records That Are Pertinent To Referred Area (Ex: ER Notes)
BOTOX	<ul style="list-style-type: none"> • Referring Providers H&P And Office Notes • All Imaging Pertaining To Referred Area 	<ul style="list-style-type: none"> • Prior Records That Are Pertinent To Referred Area (Ex: ER Notes)