

Request for Referral Prior to or During Acute Care Hospitalization

If it is determined during my inpatient acute admission at *[insert hospital name]* _____, that following my discharge I may require inpatient and/or outpatient rehabilitation care, I am requesting an evaluation/referral to Marianjoy Rehabilitation Hospital. I understand a physiatrist must determine if criteria are met to qualify for admission.

I am requesting a consultation from a Marianjoy physician or clinical referral liaison and authorize them to visit me to determine the most appropriate level of rehabilitation care.

Patient Name:

Patient/Caregiver Signature: Date: _____

Hospital Name:

Give a copy to your **acute care case manager and** keep a copy for yourself.
Fax this form to **630.909.8571** or email this form to mjipadmissions@nm.org.

Any questions regarding the Marianjoy admission process can be directed to the Marianjoy Admissions Department at 630.909.8920.