

northwest
RETURN TO WORK

Client Name _____ Claim # _____

Referral Date _____ Date of Injury _____ Date of Birth _____

Referral Source _____

Diagnosis _____

Diagnostic Findings _____

Special Instructions/Precautions _____

PROGRAMS:

- Work Conditioning: 5 times per week (2 hours daily)
- Work Hardening: 5 times per week (4-8 hours daily)
- Activity Coaching/PGAP™: One hour per week for up to 10 weeks
- Clinical Psychology
- Neuropsychology
- Transfer of Care/Physician Management
- Hand Therapy/Occupational Therapy
- Physical Therapy
- CARF Accredited Brain Injury Rehabilitation Team (BIRT)
- CARF Accredited Structured Intensive Multidisciplinary Pain Program (SIMP)



DURATION: 1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks

FREQUENCY: Evaluate and treat per clinician's discretion
 _____ times per week

EVALUATIONS:

- Functional Capacity Evaluation (FCE) Cognitive/Traumatic Brain Injury (FCE)
- Work Sample (1-2 Day Job Specific Evaluation) On-the-Job Problem Solving

PHYSICIAN'S SIGNATURE

Thank you for this referral!

Fax: (425) 775-9634 Phone (425) 774-9564 Email: info@nwrw.com
19221 36th Avenue W., Suite 101 Lynnwood, Washington 98036