RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

Inpatient Rehabilitation Screening Information Request

Centralized Admissions and Referrals Office (CARO)

Telephone: (562) 385-6554

Fax: (562) 385-7590

Patient Name: _____ Diagnosis: _____
Contact Name: _____ Phone Number: _____
Referring Hospital: _____
Room Number: _____ Nurse's Station Phone Number: _____
Isolation Status: _____ Allergies: _____
Height/Weight: _____ Restraints or Sitter needed?: _____

To expedite the referral review process, please submit items 1-4 – at a minimum. Additional supporting materials may be requested. Please call our office with any questions.

1. **Face Sheet**
2. **History & Physical**
3. **Last 3 days of physician's progress notes**
4. **Therapy evaluation *and* most recent progress notes (PT, OT, Speech; including any weight bearing restrictions)**
5. Pertinent consults (i.e. Operative, Cardiology, Endocrinolgy, GI, Neurology, Orthopedic, Psychiatry notes, etc.)
6. Radiology reports from CT scans, MRIs, and X-rays
7. Current medication record
8. Vital signs, wound care documentation, isolation status (organism and latest culture report, if applicable)
9. Current labs
10. Dietary restrictions / Need for modified food or drink consistency

Thank you for your referral!

Comments:

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Revised 02/28/2014
Updated 09/27/2020