Marianjoy
Rehabilitation Hospital
part of
Northwestern Medicine®

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:

_____ Date: _____
Patient/Caregiver Signature:

_____
Hospital Name:

Give a copy to your **acute care case manager and** keep a copy for yourself
Fax this form to **630-909-8888 or** email this form to a**dmissions@Marianjoy.org**

Any questions regarding the Marianjoy admission process can be directed to the Marianjoy Admissions Department at 630-909-8920.