



JaySTART PT/OT Referral Form

(Student Teaching and Rehabilitation Training)

Wednesday afternoons – by appointment only

Kirmayer Fitness Center

3901 Rainbow Boulevard

Kansas City, Kansas 66160

Scheduling Phone Number: (913) 588-6759

Scheduling Fax Number: (913) 588-6910

Patient Name: _____ Date: _____ Date of Birth: _____

Patient Phone (to be used to schedule): #1 _____ #2 _____

Preferred language: _____ Patient email: _____

Medical Diagnosis: _____ Level of Urgency: low medium high

Circle the appropriate prescription:

- Evaluate and Treat
- Exercise Intervention (HAWK)
- Other – please indicate _____

Precautions or contraindications specific to physical therapy/occupational therapy (i.e. pacemaker, insulin dependent) or **relevant medical history** or **other helpful information** (i.e. history of knee replacement)?

Referring Clinic: _____ Clinic Phone: _____

Referring Provider Name: _____ Signature/Date: _____

Would you like a copy of the PT/OT notes to be sent to you? (Yes / No)

Send report to: _____

Secure email: _____

Secure fax: _____