

Department of Physical Medicine & Rehabilitation (PMR)
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Integrative Cognitive Rehabilitation Program (ICRP) Referral

Instructions: This form needs to be completed in its entirety prior to scheduling an appointment for ICRP participation. Also, required is a copy of the two most recent progress notes. Be advised that patients cannot be scheduled until paperwork is complete.

Please note: The cognitive rehab (ICRP) service is appropriate for adults suffering from neurological conditions (e.g., TBI, Multiple Sclerosis, Seizure, Cancer). Patients must also be verbal (non-aphasic), English speaking, internally motivated, and not actively under the influence of drugs/alcohol. Individuals with active psychological features (e.g. psychosis) are not appropriate for the service.

Patient Name: _____ DOB: _____

Medical Diagnosis: _____ Date of Referral: _____

Name of Referring Provider: _____

✓ **SLP, OT, and NP Evaluate and Treat**

Reason(s) for ICRP Referral and date of changes:

- Cognitive concerns: _____
- Emotional concerns: _____
- Language concerns: _____
- Functional concerns: _____

Please explain how participation in this program will benefit the patient's care: _____



The ICRP Clinic involves care and evaluation from three separate disciplines (Neuropsych, OT, and SLP). Please be advised that most insurance companies require pre-authorization for neuropsychological assessment. Below is the specific information about our provider. Our office will assist in obtaining preauthorization for the service; however, we ask that this form be completed in its' entirety so the necessary information is available to assist with the preauthorization process.

Neuropsychologist: Amy Pacos-Martinez, Psy.D.
.NPI Number: 1750538120
NY State Psychology License: 020977

Please check this box to confirm that two progress notes have been attached.