**Transitions Neurological Day Treatment Program**

102 Irving Street, NW

Washington, DC 20010

202-877-1439

**Transitions Neurological Day Treatment Program Application**

To initiate a referral, please complete this form and fax all indicated information to  
program administrator Claudia Guzman at 202-291-2836.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of onset: \_\_\_\_\_\_\_\_\_\_\_\_\_

Inpatient rehab location & physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary care physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person applying on behalf of patient:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to patient Phone Email

Primary contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to patient Phone Email

Secondary contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to patient Phone Email

**Does patient meet all listed admission criteria on page 2? yes no**If no, provide brief explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach the following documentation:**

* Physician’s order for outpatient PT/OT/SLP/neuropsychology
* Demographics/insurance information
* Medical History and Physical (H&P) report
* Therapy notes and/or discharge summaries for physical therapy, occupational therapy, & speech language pathology
* Physician’s discharge summaries, when available
* Psychology/neuropsychology reports, if applicable
* Social work or case management reports, if applicable

**Admission criteria for the Transitions Neurological Day Treatment Program**:

* Diagnosis of moderate to severe brain injury (traumatic brain injury, stroke, brain tumor, anoxia, or other neurological dysfunction) within the past 12 months
* Age 14 years or older
* Medical stability and physician’s referral
* Has home and community re-entry goals (for example: medication/health management, managing finances, keeping track of appointments, being home alone safely, safely getting around public spaces, using public transportation, grocery shopping or running errands, full/part-time work/school/volunteering, etc.)
* Able to consistently participate and communicate in group activities and discussions
* Can understand simple sentences and express basic needs via a reliable mode of communication
* Able to change behavior when given direct feedback
* Can walk safely (with or without an assistive device, such as a walker, cane, rollator, crutch, etc.) with assistance for balance, if needed  
  OR if using a wheelchair, can propel self safely from place to place
* Able to get onto toilet without lifting assistance, and is independent with toilet hygiene
  + If more assistance is required in the bathroom, a caregiver must be present at all times
* Willing and able to tolerate at least 3 hours of therapy, plus travel time to and from the program, 3 – 5 days per week
* Continent during the daytime
* Insurance coverage, and/or other funding, for outpatient individual and group therapies
* Reliable transportation (family/friends, MetroAccess, public transportation)

*Please note that patients who do not meet all of the above stated criteria will be considered on a case-by-case basis. A determination of program candidacy will be made once all documents have been received.*