



Therapy Authorization Form

Agency: _____ Case Mgr: _____

CM Email: _____ Phone: _____

Client's Name: _____ DOB: _____ Gender: _____

Client's Address: _____

Medical Diagnosis: _____

Legal Guardian Name: _____ Phone: _____

Legal Guardian Email: _____

Caregiver Name: _____ Phone: _____

Caregiver Email: _____

Physician Name: _____ Phone: _____

Dayhab Name: _____ Phone: _____

Dayhab Address: _____ Hours: _____

Can patient be treated at dayhab?: Y N Can patient be treated via telehealth?: Y N

Email for telehealth therapy requests: _____

Patient Availability In Person: _____ For Telehealth: _____

IPC Start Date: _____ IPC End Date: _____ Date of Request: _____

Service Requested: _____ Number of Hours Approved: _____

Please use this form to submit a new referral. Hours needed per discipline are below:

- Initial ST, OT, PT, evaluations, 3 hrs
- OT home modification evals, 5 hrs
- Once the IPC is revised, please submit a new therapy authorization form with the updated hours.
- Once a recommendation is made for IPC revision, we must receive the revision within 30 days of the request for hours. We will not be able to hold a position for your client after 30 days of the request for IPC revision.
- DI evaluations, 4 hrs
- BH assessments, 15 hrs