

Optalis Referral Form

Patient Name: _____

Community Interested In:

**Canal Winchester
Rehabilitation Center, Skilled
Nursing & Assisted Living**
phone 614-834-6800
fax 380-200-6397

**Mill Run Rehabilitation
Center, Skilled Nursing &
Assisted Living**
phone 614-527-3000
fax 614-527-7199

**Monterey Rehabilitation
Center, Skilled Nursing &
Memory Care**
phone 614-875-7700
fax 614-875-1321

**Pickaway Manor
Rehabilitation Center, Skilled
Nursing & Assisted Living**
phone 740-474-6036
fax 740-420-3342

**New Albany Rehabilitation
Center, Skilled Nursing &
Assisted Living**
phone 614-855-8866
fax 614-855-8880

**West Park Rehabilitation
Center, Skilled Nursing &
Memory Care**
Phone 614-274-4222
Fax 614-275-3722

**Whetstone Rehabilitation
Center, Skilled Nursing &
Assisted Living**
phone 614-457-1100
fax 614-442-5139

Level of Care:

Skilled Nursing

Memory Care

Long Term Care

Assisted Living

Hospice

Respite

Services Needed:

Rehab

IV Lasix

Ostomy Care

IV Therapy

LVAD or Life Vest

Tracheostomy

Wound Care

Pain Management

Other – Use comments

Medication Management

Tube Feed/NG Tubes

Comments:

Physician Name: _____ Phone #: _____ Date: _____

Please return this referral form along with patient information including:

- demographics/face sheet
- recent H&P within 30 days
- list of current medications

PLEASE FORWARD THE COMPLETED FORM TO DESIRED COMMUNITY