



# The Work Injury Network for Rapid Recovery

[Referrals@WINRapidRecovery.com](mailto:Referrals@WINRapidRecovery.com)

Direct 303-416-2958 | 24 Hour 720-532-8008 | Fax 720-504-0095

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_

Patient Email \_\_\_\_\_ Preferred Language  English  Spanish

**Your patient is a candidate for WIN Rapid Recovery services for their musculoskeletal (msk) injury if:**

- There is a reason to believe that a biopsychosocial factor or distress may be affecting the treatment or medical management of a msk injury, and
- There is a documented need (outcome assessment) for psychological/behavioral services to successfully manage the functional impairment/msk injury.

**WIN Rapid Recovery also offers these services for your patients who have an underlying msk injury:**

- Causality Assessment/Work Relatedness – there are concerns regarding work relatedness and the need for behavioral health services given the mechanism of injury.

**I want to order (check all that apply):**

- Consult: Initial Evaluation (90791)
- Consult and Treat: Initial Evaluation (90791) and 12 Follow-up Sessions (90837)
- Treat: I'll provide a psychologist's initial evaluation with recommendation for CBT treatment, (#)\_\_\_\_\_ Follow-up Sessions (90837)
- Causality Assessment/Work Relatedness (90791)
- Spanish speaking clinician or translator

**Please send progress notes to:**

- Referring Provider
- Referral Contact
- Other
- By Fax (enter # at bottom of form)
- By Secure (Zix) Email (enter email at bottom of form)
- \_\_\_\_\_

**DX:** \_\_\_\_\_

**Notes:**

**Clinic** \_\_\_\_\_

**Referral Contact** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Provider Name** \_\_\_\_\_ **NPI** \_\_\_\_\_

**Signature** \_\_\_\_\_

\*\*\*Include demographics with adjuster contact / claim number, H&P, most recent office visit, and outcomes report (if any)\*\*\*