RehabiliTory
CASE MANAGEMENT SOLUTIONS
Solving the Case Management Puzzle

PRE-ADMISSION INTAKE

1. Client Contact Information

Full Name	
Date of Birth	
Social Security Number	
Phone Number	
Email Address	
Current Address	
Emergency Contact Name & Relationship	
Emergency Contact Phone	
Contact Information for Legal Guardian	

2. Incident & Injury Information

Date of Incident	
Type of Incident (Check one)	☐ Auto Accident ☐ Work-Related Injury ☐ Other (Please specify):
Brief Description of What Happened	

Mail: PO Box 945, Okemos, MI 48805
Mobile: 517-803-2261 | **Fax:** 844-803-2261
Web: rehabilitorysolutions.com
/RehabilitorySolutions

What Injuries Were Sustained?	
Primary Diagnoses:	
Have you received medical treatment for your injuries?	☐ Yes ☐ No
Please list any medical providers seen to date (e.g., Hospital, Doctor, PT):	
Please list any upcoming medical appointments:	
Please list any specific appointments/ referrals that are NEEDED:	

3. Insurance & Claims Information

Is your claim being processed as an Auto (PIP/MedPay) or Workers' Compensation claim?	☐ Auto/PIP/MedPay ☐ Workers' Compensation ☐ Both ☐ Other: _____
Name of Primary Insurance Company (e.g., Auto, Workers' Comp, or Health)	
Policy/Claim Number for Primary Insurer	
Is this policy Primary or Secondary for your medical benefits?	☐ Primary ☐ Secondary ☐ Unsure
What is the benefits cap/limit for your medical coverage under this policy?	$_____ ☐ Unlimited ☐ Unsure
Name of Claims Adjuster/Case Manager at Insurance Company	
Adjuster's Phone Number	
Adjuster's Fax Number	
Adjuster's Email Address	
Adjuster's Mailing Address	
Is the claim open and billable?	
Are there any investigations?	
Have you attended (or been requested to attend) and IME's?	

4. Case Management Needs & Status

Have you ever or are you currently receiving any form of case management services?	☐ Yes ☐ No
If so, have you released the prior case manager and why are you wanting to change?	☐ Yes ☐ No
Is it ok for us to contact the prior Case	☐ Yes ☐ No

Manager?	
Do you currently have an attorney related to this incident?	☐ Yes ☐ No
If so, who is the attorney?	
What is your primary goal for seeking case management from RehabiliTORY Solutions? (e.g., help finding resources, transportation, coordinating appointments, paperwork, managing benefits, insurance reimbursements, securing referrals)	