Synapse Integrated Therapy Center

Patient Referral Authorization Form

The Synapse Integrated Therapy Center, located in Virginia Beach, provides evidence-based, interdisciplinary treatment for individuals with traumatic brain injury (TBI) and related conditions. Our military cohort model of care is designed for active duty service members and Veterans with a history of blast exposure, concussion/brain injury, or related neurological and psychological symptoms.

Core services include Speech-Language Pathology (auditory processing and cognitive-communication rehabilitation), Physical Therapy (ocular-motor, vestibular, and orthopedic focus), and Mental Health Therapy (Trauma, suicide prevention, recognizing emotional cues, reducing emotional outbursts, and developing adaptive coping skills to improve daily functioning and relationships). Adjunct services such as nutrition, mindfulness, and massage therapy may also be offered as appropriate.

Services are delivered weekly for 12 weeks. All providers are fully licensed and experienced in treating military-connected individuals with TBI and related conditions. Patients who demonstrate ongoing need may have the option to continue in the program beyond 12 weeks if clinically warranted.

This program is a collaborative effort between Cortex Initiative (providing Physical Therapy and Speech-Language Pathology), Balanced Growth Therapy and Consulting (providing Mental Health Therapy), Warrior for Life Fund (a local military nonprofit.)

Your patient has applied to participate in the Synapse program due to ongoing symptoms that may benefit from this integrated model of care. Participation requires physician authorization confirming the patient is appropriate and medically fit to engage in these therapies.

Patient Information

- **Name:** _____
- **DOB:** _____

  □ Active Duty, Command: _____

  □ Veteran
- **Phone:** _____
- **Email:** _____

SYNAPSE
INTEGRATED
THERAPY CENTER

CORTEX INITIATIVE

BALANCED GROWTH

Referral Request

Referring Provider: _____

Institution / Practice: _____

Fax Number: _____

Presenting Symptoms / Reason for Referral:

_____

_____

_____

Checking boxes for physical therapy and/or speech therapy are indicating a referral to Cortex Initiative, 309 Aragona Blvd Suite 107-108, Virginia Beach, VA 23462.

A checked box for mental health therapy indicates a referral to Balanced Growth Therapy and Consulting, 309 Aragona Blvd Suite 107-108, Virginia Beach, VA 23462.

Primary Therapies Requested (must have all 3 for cohort model):

□ Speech Therapy

□ Physical Therapy

□ Mental Health Therapy

□ Vision Therapy (must have had a vision evaluation completed prior to therapy with recommendation for treatment)

Adjunctive Consults (as available):

□ Nutrition

□ Massage Therapy

□ Mindfulness & Meditation

□ Battlefield Acupuncture (Pending)

□ Strength & Conditioning

□ Other: _____

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CORTEX INITIATIVE

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☐ **I authorize** referral of my patient to Synapse Integrated Therapy Center, with Physical Therapy and Speech-Language Pathology referrals direct to Cortex Initiative and Mental Health Therapy referrals directed to Balanced Growth Therapy and Consulting.

☐ **I do not recommend** participation in this program for my patient.

☐ **I would like to be contacted** to discuss my patient's suitability before making a decision.

If you feel this program is not appropriate for your patient, please indicate so above and refer them to an alternative provider or program as you deem medically necessary.

Medical Clearance / Fitness Statement

☐ I confirm that the patient is medically cleared and physically able to participate in the therapies indicated above, as well as basic strength training, cardiovascular activity, conditioning exercises, and other activity-based components.

Provider Signature: _____ **Date:** _____

Provider Contact Phone: _____

Provider Fax Number:_____

Please complete and fax with any supplemental paperwork to 833- 924- 0333

Synapse Integrated Therapy Center Contact Information

https://warriorforlifefund.org/synapse/

synapse@warriorforlifefund.org