Synapse Integrated Therapy Center

ADSM Patient Referral Authorization Form

The Synapse Integrated Therapy Center (SITC), located within Warrior for Life Fund in Virginia Beach, provides evidence-based, interdisciplinary neuro-rehabilitation for individuals with brain injury and related conditions. Our military cohort model of care is specifically designed to support Active Duty Service Members and Veterans with a history of blast exposure, mild-moderate TBI/concussion, or other neurological or psychological conditions. These services are intended to complement the care provided within military commands and existing healthcare systems, not to replace or duplicate those resources. The SITC is a collaborative effort between Cortex Initiative, Balanced Growth Therapy & Consulting, and Warrior for Life Fund (a local military nonprofit.) Core services offered at SITC include:

Speech-Language Pathology: Auditory processing, cognitive-communication rehabilitation: memory, attention, word finding, executive functioning, etc
Physical Therapy- neuro focused: Ocular-motor, vestibular, and balance
Mental Health Therapy: Trauma, suicide prevention, recognizing emotional cues, reducing emotional outbursts, and developing adaptive coping skills to improve daily functioning and relationships

Vision therapy is available for patients who have been referred for vision treatment following assessment by a qualified medical provider. Complementary services include mediyoga, strength and conditioning, nutrition education, community engagements, and more. Participants are encouraged to use the WFLF Fitness Center to engage in exercise before or after therapy, provided they have received appropriate medical clearance.

Treatment is delivered 1x/week x 12 weeks within a structured cohort model. All providers are fully licensed and experienced in treating military-connected individuals with TBI and related conditions. Patients demonstrating continued clinical need may extend services if medically necessary. We also welcome patients who may benefit from one or more of the core therapies in a traditional outpatient format where they receive only the 1-2 therapies warranted.

Patient Information

- Name: _____
- DOB: _____
- Current Command: _____

SYNAPSE
INTEGRATED
THERAPY CENTER

CORTEX INITIATIVE

BALANCED GROWTH

- Phone: _____
- Email: _____

Care Coalition Advocate Information:

- Name:_____
- Telephone #:_____
- Email:_____

Case Manager Contact Information:

- Name:_____
- Telephone #:_____
- Email:_____

Referral Request

- Referring Provider: _____
- Referring Provider email (patient portal/notes):_____
- Please list any additional providers who should have client portal access to view reports and notes.

    1. Name _____

       Email Address: _____
    2. Name _____

       Email Address: _____
    3. Name _____

       Email Address: _____

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CORTEX INITIATIVE

BALANCED GROWTH

Presenting Symptoms / Reason for Referral:

_____

_____

_____

_____

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

- ☐ Speech/Cognitive Therapy
- ☐ Neuro Physical Therapy
- ☐ Mental Health Therapy
- ☐ Vision therapy (must have vision evaluation with recommendation for treatment)

Adjunctive Participation (as available):

- ☐ Nutrition Education
- ☐ MediYoga/Mindfulness
- ☐ Strength & Conditioning
- ☐ Battlefield Acupuncture (Pending)
- ☐ Other: _____

Checking boxes for physical therapy and speech therapy are indicating a referral to Cortex Initiative. A checked box for mental health therapy indicates a referral to Balanced Growth Therapy and Consulting.

Medical Clearance / Fitness Statement

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

Provider Signature: _____ **Date:** _____

Please complete and fax with any supplemental paperwork.

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