



Rehabilitation Services referral/order

For ongoing therapy, fax updated order to 682-885-7590

* PLEASE INSTRUCT FAMILIES TO CALL FOR APPOINTMENT SCHEDULING ** PLEASE ATTACH FACE SHEET/INSURANCE SHEET TO REFERRAL
Rehabilitation Services new patient scheduling line: 682-885-3898

REQUIRED FIELDS: For this order to be processed, please fill out all fields.

Patient name: _____ DOB: _____ Sex: _____

Diagnosis: _____ ICD-10 code(s): _____

SERVICE REQUESTED: (please indicate) PT OT ST AUDIO

PRIORITY: ROUTINE (within 12 weeks) HIGH (within 2 weeks) STAT (within 24 hours)

PHYSICIAN ORDER (check all services that apply)

PHYSICAL THERAPY

Evaluate and treat

Other _____

OCCUPATIONAL THERAPY

Evaluate and treat

Other _____

SPEECH/LANGUAGE PATHOLOGY

Evaluate and treat

Feeding/oral motor evaluate and treat

Swallow function study

Soft palate study

Nasopharyngoscopy

Other _____

AUDIOLOGY

Audiology evaluation and management

ABR (sedated)

ABR (unsedated)

Hearing aid evaluation

Cochlear implant evaluation

Vestibular evaluation

Other _____

PELVIC FLOOR THERAPY

Evaluate and treat

Date of onset/procedure/surgery: _____

Precautions: _____
(brace requirements, ROM limitations, weight bearing, incision care, fall precautions, allergies, active drainage, etc.)

Physician signature: _____ Date: _____ Time: _____

Special instructions/comments: _____

Physician name (printed): _____ Physician phone: _____ Fax: _____

CONTACT PERSON AT OFFICE: _____ Phone: _____

PRINT OR IMPRINT PATIENT INFORMATION

Rehabilitation Services
Locations: Fort Worth, Hurst and Mansfield

REFERRAL INFORMATION FORM