Integrity REHAB + HOME HEALTH

OUTPATIENT THERAPY

FAX: 254.526.8604
CALL: 254.699.3933
EMAIL: AUTHORIZATIONS@INTEGRITYREHAB.NET
LEADING REACH: INTEGRITY REHAB

HOME HEALTH CARE

FAX: 254.628.7905
CALL: 254.628.7900

EVALUATE AND TREAT AS INDICATED ■ URGENT ■ ROUTINE

Please attach demographics including front & back of insurance card.

PATIENT NAME: ____________________ PATIENT PHONE: ____________

DATE OF BIRTH: ____________ MEDICAL DIAGNOSIS: ____________________

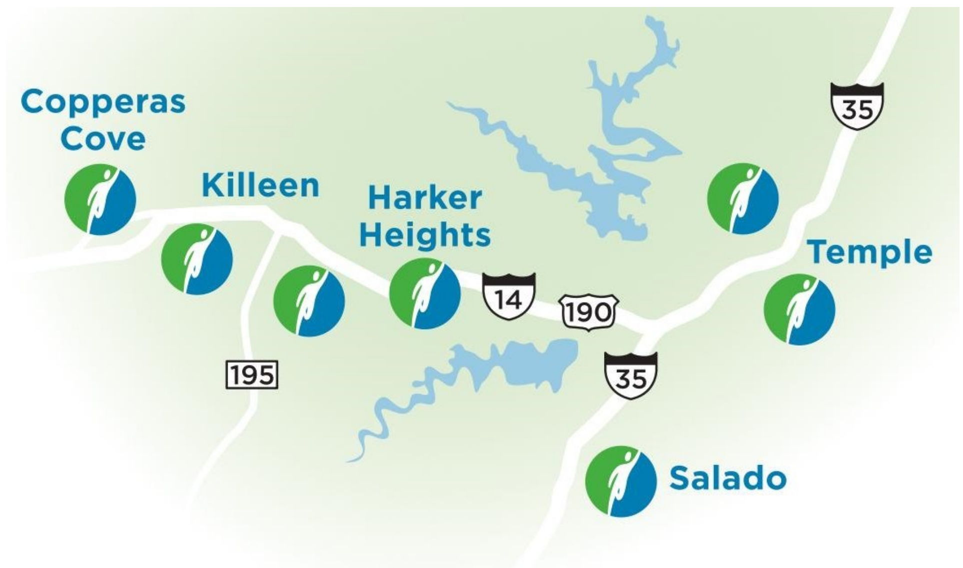
☐ OUTPATIENT THERAPY ☐ HOME HEALTHCARE

☐ ***PT/OT*** ☐ ***SLP*** ☐ ***Nursing***

PREFERRED CLINIC ____________

REQUESTED INTERVENTIONS

☐ Aquatic Therapy/HydroWorx Underwater Treadmill
☐ AlterG Anti-gravity Treadmill/ Return to Run Program
☐ Manual Therapy
☐ Neuromuscular Education
☐ Therapeutic Exercise
☐ Trigger Point Dry Needling
☐ Vestibular/Balance
☐ Certified Hand Therapist (OT)
☐ Pelvic Muscle Rehab
☐ Biofeedback
☐ Pre-Surgical HEP, Prehab
☐ LSVT BIG & LOUD
☐ Other: ____________



VIEW CLINIC ADDRESSES ONLINE!

Home Health coverage in parts of Bell, Coryell, Lampasas, and Williamson Counties

PROVIDER PRINTED NAME: ____________________

PROVIDER SIGNATURE: ____________________ DATE: ____________

FOR A LIST OF ACCEPTED INSURANCES OR TO DOWNLOAD THIS REFERRAL FORM, VISIT US AT INTEGRITYREHAB.NET.