Integrity
REHAB + HOME HEALTH

OUTPATIENT THERAPY
FAX: 254.526.8604
CALL: 254.699.3933
EMAIL: AUTHORIZATIONS@INTEGRITYREHAB.NET

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: ______________________

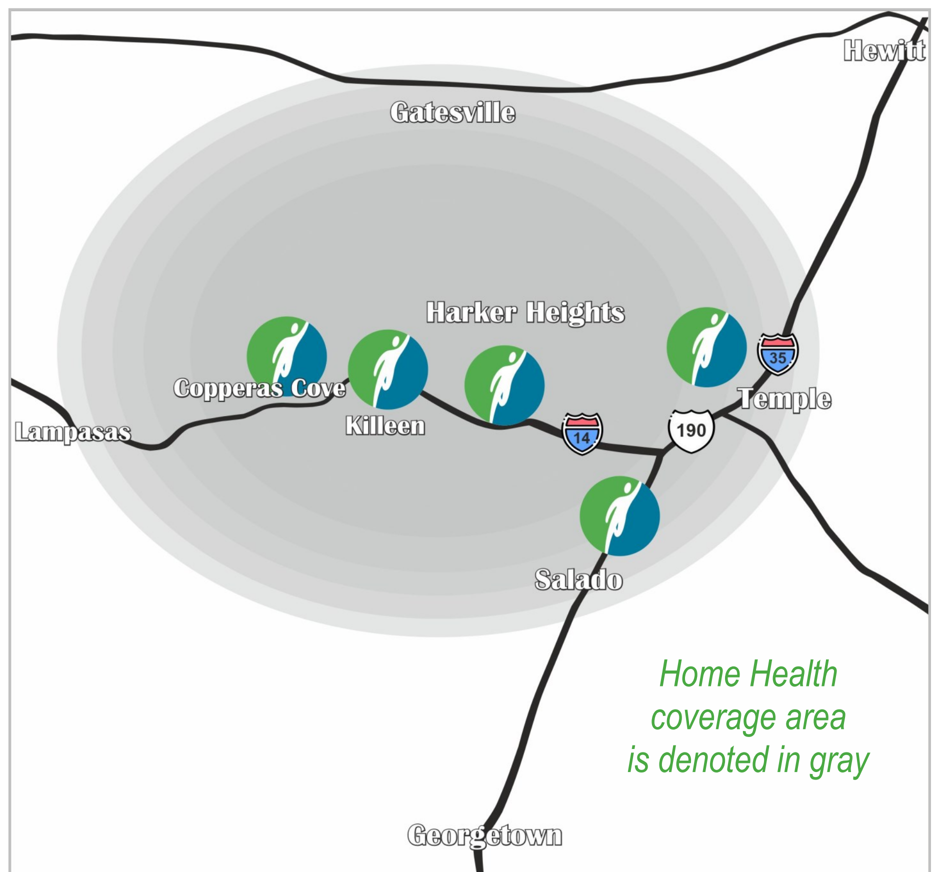
☐ OUTPATIENT THERAPY ☐ HOME HEALTHCARE

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

PREFERRED CLINIC:__________

REQUESTED INTERVENTIONS:

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



PROVIDER PRINTED NAME: ______________________

PROVIDER SIGNATURE: ______________________ DATE: __________

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