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

Therapy or Home Health Referral

Please attach demographics including front & back of insurance card.

EVALUATE AND TREAT AS INDICATED ☐ URGENT ☐ ROUTINE

PATIENT NAME: _____ PATIENT PHONE: _____

DATE OF BIRTH: _____ MEDICAL DIAGNOSIS: _____

☐ OUTPATIENT THERAPY ☐ HOME HEALTHCARE

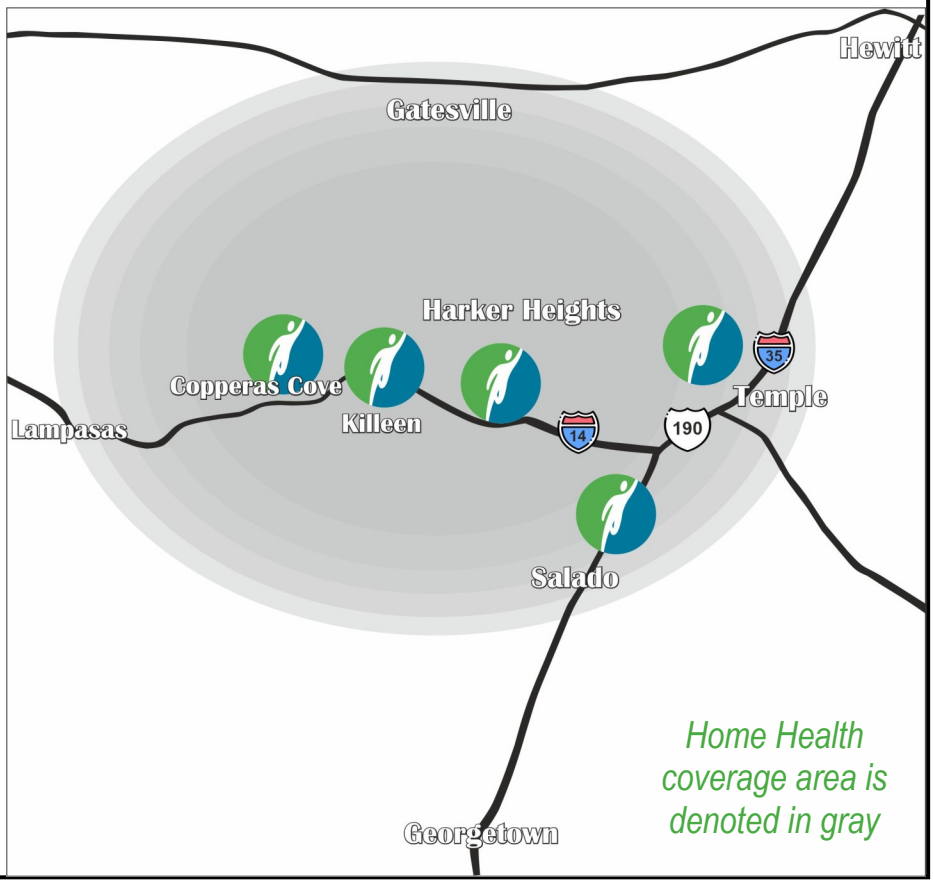
☐ ***PT/OT*** ☐ ***SLP*** ☐ ***Nursing***

PREFERRED CLINIC: _____

REQUESTED INTERVENTIONS:

- ☐ Manual Therapy
- ☐ Neuromuscular Education
- ☐ Therapeutic Exercise
- ☐ Certified Hand Therapist (OT)
- ☐ Pelvic Muscle Rehab
- ☐ Biofeedback
- ☐ Vestibular/Balance
- ☐ Gait Evaluation/Training
- ☐ Trigger Point Dry Needling
- ☐ Pre-Surgical HEP, Prehab
- ☐ AlterG Anti-gravity Treadmill/ Return to Run Program
- ☐ Other: _____

COMMENTS:



PROVIDER PRINTED NAME: _____

PROVIDER SIGNATURE: _____ DATE: _____

For a list of accepted insurances or to download this referral form, visit us at IntegrityRehab.net.