1201 N. Jackson Rd. Ste. 900
McAllen, TX 78501
Phone: (956) 661-0475 Fax: (956) 661-0482

Outpatient Rehabilitation Referral

Name: _____ DOB: _____ Language: _____ Gender: ☐ F ☐ M

Diagnosis: _____ Date of Onset: _____ Date last seen by Physician: _____

Parent Name: _____ Phone: _____ Alt Phone: _____

Insurance: _____ Policy Number: _____

☐ Evaluate & Treat ☐ Continuation of Services

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ MBSS

☐ Nutrition Consult ☐ Other: _____

Reason for Medical Necessity:

Improve ☐ Function ☐ Activities of Daily Living ☐ Strength ☐ Swallow Function

☐ ROM ☐ Communication ☐ Fine Motor Skills ☐ Support

Decrease ☐ Pain ☐ Musculoskeletal Limitations

Other: _____

Contraindications to care/precautions:

_____ _____

Physician's Signature Date

Physician Name: _____ Phone: _____

Address: _____ Fax: _____

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