



Rehabilitation Services

Physician Referral

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's SSN#: \_\_\_\_\_ Interpreter: \_\_\_\_\_ Language: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

DCS caseworker: \_\_\_\_\_ County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Insurance: \_\_\_\_\_ Authorization: \_\_\_\_\_

MEDICALLY RELATED DIAGNOSIS: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Services Requested

Please check service type requested

- Speech/language evaluation & treatment
Physical therapy evaluation & treatment
Oral motor/feeding therapy evaluation & treatment
Occupational therapy evaluation & treatment

Therapy restrictions or comments: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician to follow care: \_\_\_\_\_

\*\*\*Complete information will promote timely scheduling. Thank you.\*\*\*
Please indicate the location of preference for patient/family below

Return by Fax to: (865) 693-3941

Downtown
North Tower, 4th Floor
2018 Clinch Avenue
Knoxville, TN 37916
Ph: (865) 541-8483

North Knoxville
Emory Center
207 E. Emory Road
Powell, TN 37849
Ph: (865) 343-6983

Sevierville
Sevier Outpatient Center
502 Winfield Dunn Pkwy.
Sevierville, TN 37876
Ph: (865) 280-6526

West Knoxville
Rehabilitation Center
1025 Children's Way
Knoxville, TN 37922
Ph: (865) 690-8961