



Children's Physiatry
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 Pediatric Physical Medicine & Rehabilitation
 1025 Children's Way, Knoxville, TN 37922
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Physiatry Referral Request

Please send the following information along with the referral form

- Completed referral form
- Insurance authorization (if required)
- Physician's last office visit
- Medication list
- Demographics
- Pertinent test results
- Insurance cards (copy front and back)
- Guardianship papers

Has this patient been seen by another Physiatrist? Yes No

If yes: Physiatrist name: _____ Date last seen: _____

Referring physician: _____ Date: _____
 Office phone: _____ Contact person: _____
 Patient's name: _____ D.O.B.: _____
 Patient's SSN: _____ Gender: Male Female Language preferred: _____
 Address: _____ Hearing impaired Yes No
 City: _____ Zip Code: _____
 Primary insurance: _____ Secondary insurance: _____

*****Guardian must bring proof of guardianship to the appointment*****

Mother/guardian's name: _____ Home phone: _____
 Mother/guardian's SSN: _____ Cell phone: _____
 Work phone: _____
 Father/guardian's name: _____ Home phone: _____
 Father/guardian's SSN: _____ Cell phone: _____
 Work phone: _____

Reason for referral (please mark all that apply)

Neurological

- Acquired brain injury
- ADHD/generic behavior disorder
- Aphasia
- Brain metastasis
- Cerebrovascular accident
- Developmental delay
- Gait abnormalities
- Intrauterine drug exposure
- NAS (under 1 year)
- Prematurity
- Sensory integration
- Spinal cord injury
- Toxic encephalopathy

Musculoskeletal

- Amputation
- Cerebral Palsy
- Chronic neck/back pain
(non-opioid management)
- Foot pain/condition
- Gait disturbance
- Joint pain
- Muscular Dystrophy
- Multiple Sclerosis
- Neuropathy radial, ulnar
- Neuropathy legs, feet
- Peripheral nerve injury
- Pes planus (flat foot)

- Post Polio
- Spasticity management
- Spina Bifida
- Sports related injury
- Torticollis
- Tibial torsion
- Wheelchair management
- Other: _____
- _____
- _____