

# 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: \_\_\_\_\_

<b>Services Requested</b>
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**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**

**Emory Center**  
 207 E. Emory Road  
 Powell, TN 37849  
 Ph: 865.343.6983

**Sevier Outpatient Center**  
 502 Winfield Dunn Pkwy.  
 Sevierville, TN 37876  
 Ph: 865.280.6526

**Rehabilitation Center**  
 1025 Children's Way  
 Knoxville, TN 37922  
 Ph: 865.690.8961