



OUTPATIENT THERAPY

FAX: 254.526.8604

CALL: 254.699.3933

EMAIL: AUTHORIZATIONS@INTEGRITYREHAB.NET

LEADING REACH: INTEGRITY REHAB

HOME HEALTH CARE

FAX: 254.628.7905

CALL: 254.628.7900

EVALUATE AND TREAT AS INDICATED ☐ **URGENT** ☐ **ROUTINE**

Please attach demographics including front & back of insurance card.

PATIENT NAME: _____ PATIENT PHONE: _____

DATE OF BIRTH: _____ MEDICAL DIAGNOSIS: _____

☐ **OUTPATIENT THERAPY** ☐ **HOME HEALTHCARE**

☐ **PT/OT** ☐ **SLP** ☐ **Nursing**

REQUESTED INTERVENTIONS

- ☐ Aquatic Therapy/HydroWorx Underwater Treadmill
- ☐ AlterG Anti-gravity Treadmill/ Return to Run Program
- ☐ Manual Therapy
- ☐ Neuromuscular Education
- ☐ Therapeutic Exercise
- ☐ Trigger Point Dry Needling
- ☐ Vestibular/Balance
- ☐ Certified Hand Therapist (OT)
- ☐ Pelvic Muscle Rehab
- ☐ LSVT BIG & LOUD

PREFERRED LOCATION

- ☐ **AUSTIN**, 12221 Renfert Way, Suite 340
- ☐ **COPPERAS COVE**, 181 W. Hwy. 190, Suite 5
- ☐ **HARKER HEIGHTS**, 201 E. Central TX Expy, Ste.. 1170
- ☐ **KILLEEN CENTRAL**, 3700 S WS Young Drive., Ste 104
- ☐ **KILLEEN WEST**, 5302 Janelle Drive
- ☐ **LEANDER**, 14105 Ronald W. Regan Blvd., Ste 104
- ☐ **SALADO**, 213 Mill Creek Drive, Suite 195
- ☐ **TEMPLE SOUTH**, 2419 Palermo Parkway, Building A
- ☐ **TEMPLE WEST**, 288 Green Hollow Drive, Suite 101

*Home Health coverage in parts of Bell, Coryell,
Lampasas, and Williamson Counties*

SPECIAL INSTRUCTIONS / PRECAUTIONS

SURGERY TYPE/DATE/DESCRIPTION, PREFERRED TREATMENT PROTOCOL, ETC.

PROVIDER PRINTED NAME: _____

PROVIDER SIGNATURE: _____ DATE: _____

FOR OUR INSURANCE LIST AND TO DOWNLOAD THIS REFERRAL FORM, VISIT WWW.INTEGRITYREHAB.NET/PROVIDERS.HTML