



Referral Form

Scheduling Phone: 512-439-7360 Fax: 512-439-7371 Email: info@restorefx.com

Currently only accepting worker's compensation

Please fax referral form *and* documents listed in box below to 512.439.7371

**** For our office to immediately process the referral for evaluation, please include ALL of the following documents with the referral sheet:**

Patient's full demographics, last 3 office visit notes, diagnostic reports, and insurance details

Patient Information

Name _____ **Sex:** M[] F[] **DOB:** ____/____/____

Address: _____ **City:** _____ **State:** _____

Zip Code: _____ **Home Phone:**(____) _____ - _____ **Soc. Sec #** _____ - _____ - _____

Alternate/Cell Number: (____) _____ - _____ **Work Phone:** (____) _____ - _____

Worker's Compensation Insurance Information

Worker's Comp

Treating Doctor: _____ **Referring Doctor:** _____

Carrier: _____ **DOI:** _____

Adjuster Name: _____ **Adjuster Phone:** _____

Adjuster Fax: _____ **Employer:** _____

Claim # _____ **Compensable Injury:** _____

Pre-Cert Company: _____ **Pre-Cert Phone:** _____

Pre-Cert Fax: _____ **Disputes:** _____

Service Requested (Please check box):

Evaluation & Treatment for Restore Fx Functional Restoration Program

Evaluation Includes:

- Physical Therapy Evaluation
- Behavioral Health Evaluation
- Medical Evaluation
- Functional Capacity Evaluation

Interdisciplinary Program Treatment Includes:

- Physical Therapy
- Vocational Counseling
- Behavioral Health (Group, Individual, & Family Therapy)
- Medical
- Pilates
- Yoga
- Nutrition

Thank you for your referral! Should you have any questions, please contact us at 512.439.7360.