

## Referral Form for Services



4534 Westgate Drive, Suite 112  
Austin, TX 78745  
Tel: 512.439.7360 • Fax: 512.439.7371  
info@restorefx.com • www.restorefx.com

**William Nemeth, MD, CPE**  
Board Certified Orthopedic Surgeon  
Director of Pain Rehabilitation and Addiction  
Medicine

**Krista Jordan, PhD, ABPP**  
Licensed Clinical Psychologist  
Board Certified in Clinical Psychology

\*\*\*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 Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DOI: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

### Service Requested:

**Evaluation & Treatment for 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

Referral Comments:

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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