



**Driver Rehabilitation Specialists, LLC**

1720 Bray Central Drive, Suite AA

McKinney TX, 75069

<https://www.htdriverrehab.com>

Fax: (469) 343-1463

## Physician Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

\*\*\* Please attach medical history and list of current medications \*\*\*

Referral for(Check Boxes that apply):

- Occupational Therapy Driving Evaluation & Training
- Adaptive Equipment Assessment & Order – As Needed
- Other: \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

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

**The H&T Driver Rehabilitation Specialists, LLC procedure regarding physical referrals is as follows:** Once this referral has been received, we contact the 'patient' (we refer to them as the 'Client') to notify them that the referral has been received. Once services are provided, the subsequent report is faxed to the physician at the number you provided here (generally within 48 hours of the service being provided) & we request that you confirm receipt at that time by calling this office.