HealthRite

Physical Therapy and Rehab Clinic, Inc
6300 Westpark Ste. 212 Houston, Texas 77057

SCHEDULING IS EASY!!! FAX 713-339-1130 CALL FOR CONFIRMATION 713-339-2273

Department of Assistive Rehabilitative Services (DARS)
Referral Form

Date: _____

Consumer's Name: _____

Consumer's Phone#:_____

Consumer's Disabilities: _____

Requestor's Name: _____

Requestor's Phone#: _____

Field Office: _____

Please be advised that the consumer will be scheduled for the requested evaluation stated below and a Notification of Appointment Letter will be forwarded by email/mail. Please call our office if you have any questions.

We appreciate you considering us for this referral.

☐	Physician's Visit	99204	1 service
☐	Drug Screen	80100	1 service
	Drug Screen Clinical Pathology	80500	1 service
☐	Physical Therapy Evaluation	97001	1 service
☐	Functional Capacity Evaluation	97750	20 services

Please select the reason for Functional Capacity Evaluation.

☐ To assess whether an injured patient can return to a previous job.

☐ To assess the client's safe work tolerance levels, the job is unspecified.

☐ To assess the client's ability to perform a specific job. (Please list below)

☐ To assess the presence of symptom magnification.

☐ To assess the validity or consistency of client's effort.

Specific Job Title: _____

Comments: _____