



Scottsboro Location- 311 Bingham Street Scottsboro, AL 35768 Phone: 256-609-6946 Fax: 256-912-0460
 Albertville Location- 3683 US HWY 431 Albertville, AL 35950 Phone: 256-486-2300 Fax: 256-486-9580
 Athens Location- 124 Cloverleaf Drive Athens, AL 35611 Phone: 256-262-9510 Fax: 256-262-9511

Therapy Request/Referral Form

Patient Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Referring Physician: _____ NPI: _____

Insurance: BCBS TriCare United Health Care *Medicaid Other: _____

*(If Medicaid, please send a Medicaid referral with this form)

Contract # _____

Contract Holder's Name and DOB: _____

Diagnosis Code: _____ Exercise restrictions/ Precautions: _____

Area(s) of Concern/Reason for Referral: Please check all that apply

Speech Therapy

Occupational Therapy

Physical Therapy

Feeding/swallowing		Fine Motor		Frequent Falls/ Balance	
Expressive Language		Strength/Coordination		Strength Coordination	
Receptive Language		Self-care skills		Gait Abnormalities	
Articulation (pronunciation)		Sensory Processing Disorder		Torticollis	
Stuttering		Handwriting		Plagiocephaly/Brachycephaly	
Voice		Developmental Delays		Developmental Delays	
Autism		Autism		Autism	
Reading		Visual perceptual/visual motor		Scoliosis	
Other:		Other:		Other:	

Comments: _____

Physician Signature

(Authorizing evaluation and treatment)

Referral Effective Date

Please call if there are any questions.

Referrals can be faxed to designated fax number for each location at the top of the page

Thank you!