



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 consult has been received. They are then asked to fill out the '**Driver Evaluation Request**' form from our website. *If they do not fill out and return this form within 3 months all paperwork, including this physician referral, is destroyed/deleted to maintain client confidentiality.* If you have not heard from us, then the client has not formally 'requested' services and/or not scheduled the appointment within the 3-month time frame. Once/if 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.