

# TOTAL REHAB kids

**HARLINGEN CLINIC:**  
595 W. Sesame Drive  
PHONE (956) 230-1605  
Fax (956) 428-3375

**BROWNSVILLE CLINIC:**  
4430 E. 14th Street, Unit E  
PHONE (956) 542-6296  
Fax (956) 548-9019

**PHARR CLINIC:**  
805 N. Cage Blvd., Ste. A  
PHONE (956) 291-0599  
Fax (956) 622-4299

**MISSION CLINIC:**  
2025 E. Griffin Pkwy.  
PHONE (956) 997-5888  
Fax (956) 997-5889

## REFERRAL FORM / PRESCRIPTION

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

### Child's Information:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy/Medicaid #: \_\_\_\_\_

Diagnosis / ICD-10 Code: \_\_\_\_\_

### Services Being Requested:

Speech Therapy       Occupational Therapy       Physical Therapy

Home Therapy       Outpatient Clinic

Special Instructions: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week

Duration: For \_\_\_\_\_ Weeks

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

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