



EAST TENNESSEE

Children's Hospital

Rehabilitation Services

Physician Referral

Child's name: _____ DOB: _____ Gender: _____

Child's SSN#: _____ Interpreter: _____ Language: _____

Parent/guardian: _____ Phone: () _____

DCS caseworker: _____ County: _____ Phone: () _____

Address: _____
Street City State Zip

Insurance: _____ ID Number: _____

MEDICALLY RELATED DIAGNOSIS: _____ ICD-10: _____

Services Requested

Please check service type requested

___ Speech/language evaluation & treatment ___ Physical therapy evaluation & treatment

___ Oral motor/feeding therapy evaluation & treatment

___ Occupational therapy evaluation & treatment

Therapy restrictions or comments: _____

Physician signature: _____ Date: _____

Print physician name: _____ Phone number: _____

Physician to follow care: _____

*****Complete information will promote timely scheduling. Thank you.***
Please indicate the location of preference for patient/family below**

Return by Fax to: (865) 246-7562

Alcoa
Blount Outpatient Center
352 Fountain View Circle
Alcoa, TN 37701
Ph: (865) 518-0995

Downtown
Medical Office Building,
Suite 130
2100 Clinch Avenue
Knoxville, TN 37916
Ph: (865) 541-8912

North Knoxville
Emory Center
207 E. Emory Road
Powell, TN 37849
Ph: (865) 343-6983

Sevierville
Sevier Outpatient Center
502 Winfield Dunn Pkwy.
Sevierville, TN 37876
Ph: (865) 280-6526

West Knoxville
Rehabilitation Center
1025 Children's Way
Knoxville, TN 37922
Ph: (865) 690-8961