

## SEATING AND POSITIONING PHYSICIAN REFERRAL

Please fully complete the following information and provide a copy of the patient's most recent progress/chart note.

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PHYSICIAN REFERRAL

**The above person is being referred to the DDA Seating and Positioning Clinic for Occupational Therapy (OT) or Physical Therapy (PT) evaluation and treatment of wheelchair seating and/or positioning needs.**

Relevant Diagnoses **including** ICD-10 Codes: \_\_\_\_\_

Comments/Precautions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please provide a copy of the patient's most recent progress/chart note. \***

### CLINIC LOCATIONS AND CONTACT INFORMATION

West TN Clinic  
Phone: (901) 745-7509  
Fax: (615) 770-7568  
**wtrc.seating.positioning@tn.gov**

Middle TN Clinic  
Phone: (615) 231-5147  
Fax: (615) 886-9972  
**mtrc.referrals@tn.gov**

East TN Clinic  
Phone: (423) 787-6689  
Fax: (615) 401-6801  
**etrc.referrals@tn.gov**