



# DALLAS SPINAL REHABILITATION CENTER

## ◆ REFERRAL FORM ◆

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DOI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

### REASON FOR REFERRAL

\_\_\_\_\_ Evaluate and Treat (Treatment Planning Evaluation)

\_\_\_\_\_ Transfer of Care (Change of Doctor)

Comments: \_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

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**“Over 30 years of successfully evaluating and treating all types  
of Delayed Recovery Injuries.”**

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\_\_\_\_\_ Direct referral: (see services offered below)

### Services Offered at Dallas Spinal Rehabilitation Center:

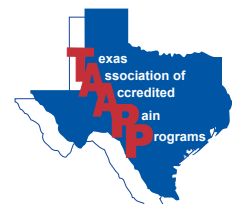
- Treatment Planning Evaluation (Interdisciplinary)
- Functional Restoration / Chronic Pain Management Program
- Work Hardening and Work Conditioning Programs
- FCE (Functional Capacity Evaluation)
- Impairment Rating
- Psychological Evaluation
- Outpatient Psychotherapy
- Pre-Surgical Screen
- Medication Management Consultation
- Physical Therapy Evaluation and Treatment

**ALL SERVICES ARE AVAILABLE IN SPANISH AND ENGLISH**

8150 Brookriver Drive, Suite S-700 • Dallas, TX 75247

Phone (214) 905-9555 • Fax (214) 905-9556

Email [referrals@dsrctexas.com](mailto:referrals@dsrctexas.com)



# DALLAS SPINAL REHABILITATION CENTER

DALLAS  
SPINAL  
REHABILITATION  
CENTER, INC.

8150 BROOKRIVER DRIVE  
SUITE S – 700  
DALLAS, TEXAS 75247

