Employee filling out referral_____ Date sent __/__/____

Functional Abilities Evaluation ◆ Impairment Ratings/MMI ◆ Independent Medical Examinations

Phone: (214) 396–4488 Fax: (888) 389-8141

Patient Information

Patient _____ Date __/__/____

Address _____ City _____ State ____ Zip Code _____

Phone (____)_____ SSN _____ Date of Birth __/__/____ D.O.I __/__/____

Diagnosis: _____ Area(s) of Injury: _____
(ICD-10 Codes) (Compensable only)

Insurance Information

Insurance Company _____ Phone (____)_____Fax (____)_____

Address _____ City _____ State ____ Zip Code _____

Adjustor _____ Extension _____Claim Number _____

Work Comp ____ Major Med ____ Personal Injury ____ Dept. Of Labor ____

Employer Information

Employer _____ Phone (____)_____

Address _____ City _____State ____ Zip Code _____

Evaluations

___ FCE ___PPE ___ Impairment Rating/MMI ___ Functional Assessment (PI) ___ Extent of Injury/ RTW/ Disability

FCE Assessment Request

What is the medial necessity for this functional test? Please check one or more of the following:

___ Baseline ___If pt meets their job demands ___If pt needs additional care ___If pt needs tertiary care ___Disability

Additional reason(s): _____

Physician or treating doctor certifies that the above recommended procedure(s) are medically indicated, reasonable and necessary with reference to the standards of medical practice and treatment for this patient's condition.

PCP/Treating Doctor's Signature _____ Date ___/___/____

Treating Clinic: _____TX,_____ Phone (____) _____
Name Street

All referrals must include clients' name, DOB, ICD-10 codes, compensable regions and rationale with physicians' signature prior to scheduling.
Insurance, employer and remaining demographic info may be submitted on a separate form along with the referral and job description.
If an insurance verification has been/will be performed please ask adjuster and indicate how many FCE's have been performed along with IR/MMI

___ Insurance Verification regarding FCE/IR/MMI IS available ___ Job Description Available ___ Case is in Dispute (PLN 1 or PLN 11)