Medford
Children's Therapy

Referral for Therapeutic and/or Medical Services

We do not require a specific form to be completed when referring to our clinic for services. We do, however, need specific information from you in order to move forward with completing the intake process and scheduling an appointment. This form is for your convenience. Please fax completed forms to the number listed below.

If preferred, most EMR programs will generate a referral form report that includes details we need for a referral. Please review the report before sending to ensure it includes the information requested below, and then fax to the number at the bottom of the page.

Today's Date:

Provider Information	
Referring Provider:	Phone:
Clinic/Facility Name:	Fax:

Reason for Referral	
☐ Occupational Therapy ☐ Physical Therapy ☐ _____	Please list specific medical issues/concerns/additional instructions:

Client Information	
Client Name:	Date of Birth:
Parent/Guardian:	Client Phone:
Client Insurance:	
Client Diagnosis:	ICD-10 Code *(required if referring for OT, PT, & Speech only)*:
If we have any questions or need additional information from you Yvonne, our Insurance Specialist, will contact your office directly so we can move forward with scheduling the initial appointment in a timely manner.	

Please FAX this form to our clinic at 541-770-9212

Once we receive your referral, we will contact the client or parent/guardian to complete intake process.

~If there is a problem with transmission please call (541) 613-6505