TEXAS WORKFORCE COMMISSION (TWC) REFERRAL FORM

Physical Therapy and Rehab Clinic, Inc

6300 West Park Drive, Suite 212
Houston, TX 77057

P: 713-339-2273
F: 713-339-1130

info@ healthriteclinic.com
www.healthriteclinic.com

Date:

Consumers' Name:

Consumers' Phone#:

Consumers' Disabilities:

Requestor's Name:

Requestor's Phone#:

Field Office:

Please be advised that the consumers' will be scheduled for the requested evaluation stated below and a Notification of Appointment Letter will be forwarded by email/mail. Please call our office if you have any questions.

WE APPRECIATE YOU CONSIDERING US FOR THIS REFERRAL.

☐ Physician's Visit	99204	1 unit
☐ Physician's Visit	99204	1 unit
Drug Screen	80307	1 unit
Drug Screen Clinical Pathology	80500	1 unit
☐ Physical Therapy Evaluation	97162	1 unit
☐ Occupational Therapy Evaluation	97166	1 unit
☐ Functional Capacity Evaluation	97750	20 units
☐ Home Modification	DRS50	20 units
☐ Work Hardening Initial 2hrs	97545	10 units
Additional hours	97546	20 units

PLEASE SELECT THE REASON FOR FUNCTIONAL CAPACITY EVALUATION.

- ☐ To assess whether the consumers' can return to a previous job.
- ☐ To assess the consumers' safe work tolerance levels, the job is unspecified.
- ☐ To assess the consumers' ability to perform a specific job. (Please list below)

Specific Job Title:

Comments:

COPYRIGHT 2018 HEALTHRITE PHYSICAL THERAPY , ALL RIGHTS RESERVED.