RETURN TO WORK PROGRAMS

Central Referral Fax: 817-984-1857
3304 S.E. Loop 820, Suite A • Fort Worth, Texas 76140
Phone: 817-886-4654
empower-dfw.com

Patient Name _____ ❑ Male ❑ Female Date of Injury _____

Home Phone # _____ Appointment Time/Date _____

Work Phone # _____ Referring Physician _____

Cell Phone # _____ Referring Physician Phone # _____

Diagnostic or ICD 10 Codes _____ Referring Physician Fax # _____

ALL NETWORKS/CARRIERS ACCEPTED

TREATMENT OPTIONS

- ❑ **Return to Work Program - Evaluate and Treat**
- ❑ Functional Restoration Program
- ❑ Work Hardening
- ❑ Work Conditioning
- ❑ Physical Rehabilitation

Freq./Duration: _____

LABS

- ❑ Drug Screen (11 panel)
- ❑ D.O.T. Drug Screen
- ❑ D.O.T. Breath Alcohol

FUNCTIONAL TESTING

- ❑ Functional Capacity Evaluation (FCE)
- ❑ R.O.M. Testing (Area) _____
- ❑ Impairment Rating Evaluation
- ❑ Pre-Employment Physical
- ❑ D.O.T. Physicals

BEHAVIORAL HEALTH

❑ Evaluate and Treat for:

__ Return to Work Program
__ Pre-Surgical Clearance
__ Psychotherapy

SYMPTOMS NOTED:

- ❑ Emotional Distress
- ❑ Fear of Returning to Work
- ❑ Fear of Re-injury
- ❑ PTSD-like Symptoms
- ❑ Sleep Disturbances
- ❑ Reaction to Trauma
- ❑ Poor Coping Skills
- ❑ Excessive Pain Complaints
- ❑ Poor Pain Management Skills

SPECIAL INSTRUCTIONS

_____

_____

Certificate of Medical Necessity

I certify that the above prescribed treatments are medically indicated and, is reasonable and necessary to effectuate and expedient recovery with reference to the standards of medical practice and treatment of this patient's condition. The above prescribed treatment is necessary and will make a meaningful contribution to the treatment of this patient's condition. This treatment is not in any way for general health, and is not for cosmetic purposes to improve appearance.

Physician Signature:_____ **Date:**_____

EZ CHECKLIST

For expedited processing, please include the following records with your referral, whenever applicable:

- ☐ Signed script or referral form
- ☐ Demographic page or patient information
- ☐ Initial evaluation and most recent visit note from treating physician
- ☐ Physical therapy notes (with number of total visits, and outcomes)
- ☐ Diagnostic reports (X-Ray, CT, MRI, EMG, etc.)
- ☐ Procedure notes (injections, operative reports, etc)
- ☐ Functional Testing reports (FCE/PPE)
- ☐ Psychological Evaluation/Testing reports
- ☐ Previous outpatient program notes such as: Functional Restoration Program or WH/WC

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