TN Department of Intellectual & Developmental Disabilities | Seating & Positioning Clinics

SEATING AND POSITIONING PHYSICIAN REFERRAL

Please fully complete the following information and provide a copy of the patient's most recent progress/chart note.

PATIENT INFORMATION

Patient Name: ______________________ Date of Birth: ____________

Street Address: ______________________

City: ______________ State: ________ Zip Code: ________

PHYSICIAN INFORMATION

Physician Name: ______________________ NPI#: ____________

Street Address: ______________________

City: ______________ State: ________ Zip Code: ________

Phone: ______________ Fax: ______________

PHYSICIAN REFERRAL

The above person is being referred to the DIDD Seating and Positioning Clinic for Occupational Therapy (OT) *or* Physical Therapy (PT) evaluation and treatment of wheelchair seating and/or positioning needs.

Relevant Diagnoses **including** ICD-10 Codes: ______________________

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Comments/Precautions: ______________________

Physician Signature: ______________________ Date: ____________

*** Please provide a copy of the patient's most recent progress/chart note. ***

CLINIC LOCATIONS AND CONTACT INFORMATION

West TN Clinic
Phone: (901) 745-7509
Fax: (615) 770-7568
wtrc.seating.positioning@tn.gov

Middle TN Clinic
Phone: (615) 231-5147
Fax: (615) 886-9972
mtrc.referrals@tn.gov

East TN Clinic
Phone: (423) 787-6689
Fax: (615) 401-6801
etrc.referrals@tn.gov

Website: http://tn.gov/didd/seating Forms Resource: http://tn.gov/didd/seating/referrals