



**REQUEST FOR OUTPATIENT THERAPY SERVICES**

2993 S Watson Rd., Ste 200  
Grand Prairie, Texas 75052

(E) [REFERRALS@COLTLLC.NET](mailto:REFERRALS@COLTLLC.NET) | (P) 469-580-9733 | (F) 214-988-1542

•CLIENT NAME: \_\_\_\_\_

•DOB: \_\_\_\_\_

•CLIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

•CLIENT CONTACT NUMBER: \_\_\_\_\_

•INSURANCE PROVIDER: \_\_\_\_\_

•POLICY/MEMBER ID: \_\_\_\_\_

**PLEASE SELECT REQUESTED SERVICE(S) BELOW:**

- OCCUPATIONAL THERAPY \_\_\_\_\_
- SPEECH THERAPY \_\_\_\_\_
- PHYSICAL THERAPY \_\_\_\_\_

**REASON FOR REFERRAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ICD-10 CODE/DIAGNOSIS:**

\_\_\_\_\_  
\_\_\_\_\_

**PMHx/ADDITIONAL INFORMATION:**

\_\_\_\_\_

**REFERRING PHYSICIAN NAME/NPI:** \_\_\_\_\_

**REFERRING PHYSICIAN CONTACT:**

- ADDRESS: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- FAX: \_\_\_\_\_

**REFERRING PHYSICIAN SIGNATURE:** \_\_\_\_\_

**PLEASE FAX REFERRAL FORM BACK TO US AT: (214) 988-1542**

**CONFIDENTIALITY NOTICE:**

This information has been disclosed to you from records whose confidentiality is protected by federal law. A general authorization for the release of medical or other information is not sufficient for this purpose.

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**CIRCLE OF LIFE THERAPY REFERRAL FORM | COLT QA** \_\_\_\_\_