



KERRING GROUP

"ENHANCING INDEPENDENCE FOR SENIORS"

4000 Medical Parkway Suite 203 • Austin Texas • 78756
Phone (512)451-8853 Fax (512) 451-6345

PLEASE FILL OUT AND FAX TO (512)451-6345

REFERRAL FORM

Referred By (Name & Phone): _____ Date: _____

Client Information

Last Name: _____ First Name: _____

Address: _____ Apt# _____ City _____ Zip: _____

Phone: _____ Height _____ Weight _____ DOB: ____/____/____

Social Security Number _____ Male Female

English Speaking Spanish Speaking Other _____

Insurance Information

Primary Name : _____ ID# _____

Secondary Name: _____ ID# _____

Tertiary Name: _____ ID# _____

Item(s) Needed

Mobility/Accessibility Products

- Power Wheelchair
- Scooter (POV)
- Manual Wheelchair
- Walker/Rollator
- Knee Walker
- Stair Lift
- Ramps/Thresholds

Bath Safety

- Shower/Bath Seat
- 3 in1 Commode
- Bath Transfer Bench
- Elevated Toilet Seat
- Bath Lift
- Grab Bars

Other DME

- Power Mobility Lift for Vehicle
- Recline Lift Chair
- Hospital Bed
- Hoyer/Patient Lift
- Cushion(s)
- Other _____

Equipment Repair Request

Equipment Type: Power wheelchair Scooter Other _____

Problem Description: _____

Date Equipment Purchased: _____ Supplier Name: _____

Physician Information

Last Name: _____ First Name: _____

Address: _____

Phone (____) _____ Fax (____) _____ NPI _____

Other Important Information/Comments:

