



Strides of Strength Therapeutic Services, Inc.

2717 Gaston Farm Rd, Chester, SC 29706

Phone: 803-374-6255

Fax Referral To: 866-571-1014

Required Documents (Referral cannot be processed without the following):

1. Physician Order stating: 'Evaluate and treat as indicated. Patient IS or IS NOT cleared for Hippotherapy.'
2. Copy of the Front and Back of the Insurance Card
3. Medical History and Physical Report

Date of Referral:

Location (Home/Clinic):

Referring Agency / Provider:

Provider Phone:

Provider Email:

Services Requested: PT OT ST

Child Name:

DOB:

Address:

Parent / Guardian:

Parent Phone:

Parent Email:

Emergency Contact:

Emergency Phone:

Reason for Referral:

Diagnosis 1:

ICD10:

Diagnosis 2:

ICD10:

Hippotherapy Clearance: IS cleared IS NOT cleared

Insurance Carrier:

Policy #:

Medicaid #:

MCO:

Doctor Name:

Doctor Phone:

Doctor Email:

Fax:

Physician Signature: _____ Date: _____