

Therapy Referral

Child's Name: _____

Date of Birth: _____

This Prescription Is:

A New Referral

A Renewal Rx

An Update To An Existing Referral

PLEASE SELECT ALL REQUESTED THERAPIES AND MARK OR LIST CORRESPONDING DIAGNOSES FOR EACH

Physical Therapy - Evaluation & Ongoing Treatment

Autistic Disorder (F84.0)	Down Syndrome (Q90.9)	PDD (F84.9)	Cerebral Palsy (G80.9)
Delayed Milestones (R62.0)	Abnormality of Gait (R26.89)	Torticollis (Q68.0)	Dev. Coordination Disorder (F82)
Lack of Coordination – Hypotonia <i>(Please choose specific code)</i>			
Ataxia, unspecified (R27.0)	Other lack of coordination (R27.8)	Unspecified lack of coordination (R27.9)	
Other Applicable ICD-10 Codes:	Code(s): _____	Description: _____	
	_____	_____	

Occupational Therapy - Eval & Treat

Autistic Disorder (F84.0)	Down Syndrome (Q90.9)	PDD (F84.9)	Cerebral Palsy (G80.9)
Delayed Milestones (R62.0)	Sensory (R44.9)	Dev. Coordination Disorder (F82)	
Lack of Coordination – Hypotonia <i>(Please choose specific code)</i> :			
Ataxia, unspecified (R27.0)	Other lack of coordination (R27.8)	Unspecified lack of coordination (R27.9)	
Other Applicable ICD-10 Codes:	Code(s): _____	Description: _____	
	_____	_____	

Feeding Therapy - Eval & Treat

Autistic Disorder (F84.0)	Down Syndrome (Q90.9)	PDD (F84.9)	Cerebral Palsy (G80.9)
Delayed Milestones (R62.0)	Ped. Feeding Disorder, chronic (R63.32)	Gastro-esophageal reflux w/o esophagitis (K21.9)	
Failure to Thrive (R62.51) <i>(Please choose specific code)</i> :			
Aphagia (R13.0)	Dysphagia, unspecified (R13.10)		
Other Applicable ICD-10 Codes:	Code(s): _____	Description: _____	
	_____	_____	

Speech Therapy - Eval & Treat

Autistic Disorder (F84.0)	Down Syndrome (Q90.9)	PDD (F84.9)	Cerebral Palsy (G80.9)
Delayed Milestones (R62.0)	Mixed Receptive-expressive Language Disorder (F80.2)		
Apraxia of Speech <i>(Please choose specific code)</i> :			
Agnosia, unspecified (R48.1)	Apraxia (R48.2)	Other symbolic dysfunctions (R48.8)	
Speech/Language d/o nec <i>(Please choose the specific code)</i> :			
Phonological d/o (F80.0)	Other dev. d/o (pure artic) (F80.89)	Dev. d/o of speech and language, unspecified (F80.9)	
Other Applicable ICD-10 Codes:	Code(s): _____	Description: _____	
	_____	_____	

I am in agreement with this request for Physical Therapy, Occupational Therapy, Speech Therapy, and/or Feeding Therapy for the specified child.
Ordering Provider's Printed Name: _____ NPI: _____

Ordering Provider's Signature: _____ Date Signed: ____/____/____

Effective Date, if different than signed date: _____