



Please Fax To: (615) 277-2838
For Questions Call: (615) 661-5437

Therapy Referral

Child's Name: _____

Date of Birth: _____

This Prescription Is:

New Referral

Renewal Rx

Update To An Existing Referral

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

Medical Diagnosis:

Autistic Disorder (F84.0)

Cerebral Palsy (G80.9)

Delayed Milestones (R62.0)

Down Syndrome (Q90.9)

Other Applicable ICD-10:

Codes: _____

Descriptions: _____

Physical Therapy - Evaluation & Ongoing Treatment

Abnormality of Gait and Mobility (R26.8)

Muscle Weakness (M62.81)

Torticollis (Q68.0)

Ataxia (R27.0)

Other / Unspecified Lack of Coordination (R27.8 / R27.9)

Specific Developmental Disorder of Motor Function (F82.0)

Other Applicable ICD-10 Codes:

Codes: _____ Descriptions: _____

Occupational Therapy - Evaluation & Ongoing Treatment

Ataxia (R27.0)

Other / Unspecified Lack of Coordination (R27.8 / R27.9)

Other Disorders of Psychological Development (F88)

Sensory Other (R44.8)

Sensory Unspecified (R44.9)

Specific Developmental Disorder of Motor Function (F82.0)

Other Applicable ICD-10 Codes:

Codes: _____ Descriptions: _____

Feeding Therapy - Evaluation & Ongoing Treatment

Aphagia (R13.0)

Dysphagia, unspecified (R13.10)

Failure to Thrive (R62.51)

Feeding Difficulties (R63.3)

Gastro-Esophageal Reflux w/o esophagitis (K21.9)

Pediatric Feeding Disorders, chronic (R63.32)

Other Applicable ICD-10 Codes:

Codes: _____ Descriptions: _____

Speech Therapy - Evaluation & Ongoing Treatment

Apraxia of Speech (R48.2)

Expressive Language Disorder (F80.1)

Fluency Disorder (R47.82)

Mixed Receptive - Expressive Language Disorder (F80.2)

Other Developmental Disorders of Speech and Language (F80.89)

Phonological Disorder (F80.0)

Other Applicable ICD-10 Codes:

Codes: _____ Descriptions: _____

I am in agreement with this request for Physical Therapy, Occupational Therapy, Speech Therapy, and/or Feeding Therapy.

Ordering Provider's Printed Name: _____

NPI: _____

Ordering Provider's Signature: _____

Date Signed: ___ / ___ / ___

Effective Date, if different than signed date: _____