A close up of a logo

Description automatically generated

**Physical Therapy Occupational Therapy Speech Therapy**

**FAX REFERRAL FORM / PRESCRIPTION**

**PATIENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR REFERRAL:**  OT - Evaluate and Treat  PT - Evaluate and Treat  Speech Therapy - Evaluate and Treat

MEDICAL DIAGNOSIS:

No Known Medical Diagnosis, reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADD (F90.0)

ADHD (F90.1)

Angelman Syndrome (Q93.51)

Apraxia (R48.2)

Arnold-Chiari Syndrome without Spina Bifida or Hydrocephalus (Q07.00)

Arnold-Chiari Syndrome with Spina Bifida (Q07.01)

Arnold-Chiari Syndrome with hydrocephalus (Q07.02)

Arnold-Chiari Syndrome with Spina Bifida or Hydrocephalus (Q07.00)

Arthrogryposis (Q74.3)

Asperger Syndrome (F84.5)

Autism (F84.0)

Central Auditory Processing Disorder (H93.25)

Cerebral Palsy, Other (G80.8)

Chondromalacia (M94.20)

Craniosynostosis (Q75.0)

Down Syndrome (Q90.9)

Ehler’s-Danos Syndrome (Q79.6)

Encephalopathy, Other (G93.49)

Epilepsy, Other, not intractable, with status epilepticus (G40.801)

Epilepsy, Other, not intractable, without status epilepticus (G40.802)

Epilepsy, Other, intractable, with status epilepticus (G40.803)

Epilepsy, Other, intractable, without status epilepticus (G40.804)

Erb’s Palsy, Monoplegia (G83.23)

Fracture

Fragile X (Q99.2)

Hemiplegia, Flaccid, unspecified side (G81.00)

Hemiplegia, Spastic, unspecified side (G81.10)

Hydrocephalus, Arnold Chiari Malformation (Q07.02)

Feeding disorder

**Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_**

R63.31 Pediatric feeding disorder, acute

R63.32 Pediatric feeding disorder, chronic

R63.39 Other feeding difficulties

Juvenile Rheumatoid Arthritis

Monoplegia (G83.23)

Muscular Dystrophy, Duchenne or Becker (G71.01)

Osteogenesis Imperfecta (Q78.0)

Pervasive Developmental Disorder (F84.8)

Spina Bifida – Thoracic with Hydrocephalus (Q05.1)

Spina Bifida – Lumbar with Hydrocephalus (Q05.2)

Spina Bifida – Cervical without Hydrocephalus (Q05.5)

Spina Bifida – Thoracic without Hydrocephalus (Q05.6)

Spina Bifida – Lumbar without Hydrocephalus (Q05.7)

Spina Bifida – Sacral without Hydrocephalus (Q05.8)

Spinal Cord Injury

Torticollis (M43.6)

Traumatic Brain Injury

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRECAUTIONS:**

Infectious Disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spinal Instability

Weight Bearing Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seizure Disorder

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL FOR EQUIPMENT:**

Orthotics  Assistive Device for Ambulation

Wheelchair Seating Recommendations  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please attach any relevant testing results (MBS, GI, neurological work-up, nutritionist, etc.)**

PHYSICIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN PRACTICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICE PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_