Therapy Referral Form

Please mark a diagnosis code for the therapy you are referring to. Fax to **785-596-6859**.

☑ Evaluate and Treat as Indicated

_____
Patient Name

_____
Patient Phone # DOB

_____
Physician Signature Date

Occupational Therapy

- ☐ F84.0 - Autistic disorder; current or active state
- ☐ F41.1 - Generalized anxiety disorder
- ☐ F91.1 - Other conduct disorder
- ☐ F91.3 - ODD
- ☐ F93.8 - Other childhood emotional disorders
- ☐ F90.9 - ADD
- ☐ F90.1 - ADHD
- ☐ F82 - Specific developmental disorder of motor fx
- ☐ F88 - Other disorders of psychological development
- ☐ F89 - Unspecified disorder of psychological development
- ☐ F94.0 - Selective mutism
- ☐ H93.29 - Other abnormal auditory perceptions
- ☐ R27.8 - Other lack of coordination
- ☐ R27.9 - Unspecified lack of coordination
- ☐ R44.8 - Other and unspecified symptoms and signs involving general sensations and perceptions
- ☐ R48.0 - Dyslexia and alexia
- ☐ R63.3 - Feeding difficulties
- ☐ R62.50 - Lack of normal physiological development, unspecified
- ☐ R62.51 - Failure to thrive
- ☐ R62.0 - Delayed milestones
- ☐ Other: _____

Physical Therapy

- ☐ F84.0 - Autistic disorder; current or active state
- ☐ F82 - Specific developmental disorder of motor function
- ☐ F89 - Unspecified disorder of psychological development
- ☐ R26.9 - Abnormality of gait and mobility, unspecified
- ☐ R27.8 - Other lack of coordination
- ☐ R27.9 - Unspecified lack of coordination
- ☐ R62.0 Delayed milestones
- ☐ R62.50 - Lack of normal physiological development, unspecified
- ☐ Other: _____

Applied Behavior Analysis

- ☐ F84.0 - Autistic disorder; current or active state

Speech Therapy

- ☐ F84.0 - Autistic disorder; current or active state
- ☐ F80.0 - Phonological disorder
- ☐ F80.1 - Expressive language disorder
- ☐ F80.2 - Mixed receptive/expressive language disorder
- ☐ F80.8 - Other developmental disorders of speech and language
- ☐ F80.9 - Developmental disorder of speech and language, unspecified
- ☐ R48.0 - Dyslexia and alexia
- ☐ Other: _____

Swallowing

- ☐ R13.11 - Dysphagia, oral phase
- ☐ R13.12 - Dysphagia, oropharyngeal phase
- ☐ R13.13 - Dysphagia, pharyngeal phase
- ☐ R13.14 - Dysphagia, pharyngoesophageal phase
- ☐ R13.19 - Other Dysphagia
- ☐ R63.3 - Feeding difficulties
- ☐ Abnormal weight gain

Additional Comments or Concerns: