



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT INFORMATION**

Patient Name:	Age:	DOB:	Sex:	M	F
Street Address:	City:	Zip:			
Home Phone:	Work Phone:				
Parent Full Name:	Time Available for Therapy:				
Parent Email:	Dominant Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:				
Parent Concerns:					

**INSURANCE INFORMATION**

Primary Carrier Name:	Provider #:	Group/Policy #:
Insured Name:	Social Security #:	DOB:
Secondary Carrier Name:	Provider #:	Group/Policy #:
Insured Name:	Social Security #:	DOB:
Medicaid #:		

**TREATMENT INFORMATION**

**EVALUATION ONLY**       **EVALUATE AND TREAT:**

**TREATMENT DISCIPLINES:**

- Feeding/Oral Facilitation/Dysphagia       Physical Therapy  
 Occupational Therapy       Speech Therapy

**ICD-10/DIAGNOSIS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> F90.0 ADHD predominantly inattentive type         | <input type="checkbox"/> R62.50 Unspec lack of expected physiological develop. | <input type="checkbox"/> F80.2 Mixed Receptive-Expressive Language Dis. |
| <input type="checkbox"/> F90.1 ADHD predominantly hyperactive type         | <input type="checkbox"/> F80.1 Expressive Language Disorder                    | <input type="checkbox"/> F84.9 Pervasive Developmental Disorder         |
| <input type="checkbox"/> F84.0 Autistic Disorder                           | <input type="checkbox"/> R26.2 Difficulty in walking                           | <input type="checkbox"/> F80.0 Phonological disorder                    |
| <input type="checkbox"/> F91.9 Conduct Disorder, unspecified               | <input type="checkbox"/> Q90.9 Down's Syndrome, unspecified                    | <input type="checkbox"/> F80.89 Other Disorders Speech and Language     |
| <input type="checkbox"/> G80.0 Spastic Quadriplegic Cerebral Palsy         | <input type="checkbox"/> R26.0 Ataxic gait                                     | <input type="checkbox"/> R47.02 Dysphasia                               |
| <input type="checkbox"/> G80.9 Cerebral Palsy, Unspecified                 | <input type="checkbox"/> R26.1 Paralytic gait                                  | <input type="checkbox"/> R47.81 Slurred Speech                          |
| <input type="checkbox"/> R48.1 Agnosia                                     | <input type="checkbox"/> R26.89 Other abnormalities of gait & mobility         | <input type="checkbox"/> R47.89 Other Speech Disturbances               |
| <input type="checkbox"/> R48.2 Apraxia                                     | <input type="checkbox"/> R26.9 Unspec abnormalities of gait & mobility         | <input type="checkbox"/> Q05.4 Unspec Spina Bifida w/ Hydrocephalus     |
| <input type="checkbox"/> R62.0 Delayed milestone in childhood              | <input type="checkbox"/> R27.0 Apaxia, unspecified                             | <input type="checkbox"/> M43.6 Torticollis                              |
| <input type="checkbox"/> F82 Specified Disorder of Motor Function          | <input type="checkbox"/> R27.8 Other lack of coordination                      | <input type="checkbox"/> _____  |
| <input type="checkbox"/> F81.9 Disorders of Scholastic Skills, unspecified | <input type="checkbox"/> R27.9 Unspecified lack of coordination                | <input type="checkbox"/> _____  |
| <input type="checkbox"/> F89 Disorder of Psychological Development         | <input type="checkbox"/> Q02 Microcephaly                                      |   |

**PRACTICE INFORMATION**

Ordering Physician/Practitioner:	Practice Name:	
Address:	Fax:	Phone:
Referred By:	Referral Phone:	
Comments:		

I certify that this patient is under my care. The rehabilitation services prescribed by me are medically necessary and in accordance with a plan established and periodically reviewed by me.

**Physician/Practitioner Name (printed):**

**Physician/Practitioner Signature:**

**Date:**

Fax to **(682) 738-3272** (toll-free) Any questions? Call **(682) 738-3056** or online at **www.SHBHTherapy.com**

**\*All information must be completed before referral can be processed for evaluation.**