Carolina Therapeutics

LITERACY EVALUATION REFERRAL FORM

Patient Name: _____ DOB: _____

Contact Name: _____ Phone No: _____

I. Educational Status	
School:	
Grade:	
Educational Services:	☐ *IEP* ☐ *Accommodations* ☐ *Resource class* ☐ *Typical Education Classroom*

II. Additional considerations: ☐ *See attached documentation*

☐ *Fine-motor difficulties*
☐ *Visual motor deficits*
☐ *Vision impairments*
☐ *Cognitive impairments*
☐ *Suspected learning disability*
☐ *Hearing impairments*
☐ *Sensory processing difficulties*
☐ *Auditory processing difficulties*

Other:

Carolina Therapeutics

Commonly Used ICD-10 Codes for Language Processing Disorders (Check all that apply)

☐	F79.0 Unspecified intellectual disability	☐	F80.2 Mixed receptive/expressive language disorder
☐	F81.0 Specific reading disorder	☐	F84.0 Autism spectrum disorders
☐	F90.9 Attention-deficit hyperactive disorder	☐	H93.25 Central auditory processing disorder
☐	Q90.9 Down Syndrome, unspecified	☐	R48.8 Other symbolic dysfunction
☐	Other:		

Physician Signature & Referral

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____ NPI#: _____

When signed by a physician, this form acts as a prescription for therapy services.
Please fax this form along with any additional relevant medical information to 980-938-6088

Professional Therapy Services When & Where You Need Us!
www.carolinatherapeutics.com · info@carolinatherapeutics.com
Tel 704.654.8599 · Fax 980.938.6088