Carolina Therapeutics

OCCUPATIONAL THERAPY PRESCRIPTION & REFERRAL FORM

Patient Name: _____ DOB: _____

Contact Name: _____ Phone No: _____

Commonly Used ICD-10 Codes (Check all that apply)

☐	S06.30 – Unspecified focal traumatic brain injury
☐	Q68.8 – Other specified congenital musculoskeletal deformities
☐	F82 – Specific developmental disorder of motor function
☐	F90 – Attention-deficit hyperactivity disorders
☐	Q90.9 – Down Syndrome, unspecified
☐	G80.9 – Cerebral palsy, unspecified
☐	F84.0 – Autistic disorder
☐	R27.8 – Other lack of coordination
☐	M62.8 – Muscle weakness

Conditions Commonly Associated with Treatment of Pediatric Patients

☐	P94.2 – Congenital hypotonia
☐	F81.9 – Developmental disorder of scholastic skills, unspecified
☐	G96.9 – Disorder of the central nervous system, unspecified (sensory processing difficulties)
☐	R62.51 – Failure to thrive
☐	R62.5 – Other and unspecified lack of normal physiological development in childhood
☐	R63.3 – Feeding difficulties

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Conditions Commonly Post-Surgical Concerns

☐	M25.60 – Stiffness of unspecified joint, not otherwise classified
☐	M62.81 – Muscle weakness (generalized)
☐	G54.0 – Brachial plexus disorders
☐	G82.2 – Paraplegia unspecified
☐	R20 – Disturbances of skin sensation
☐	Other:

Physician Signature & Referral

_____ Evaluation / Treatment Evaluation Only _____

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 Brought to Your Doorstep!
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