



OCCUPATIONAL THERAPY PRESCRIPTION & REFERRAL FORM

Patient's Name: _____ Date of Birth: _____
 Contact Name: _____ Phone No.: _____

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

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

Conditions Commonly Associated with Treatment of Pediatric Patients

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

Conditions Commonly Post-Surgical Concerns

<input type="checkbox"/>	M25.60 – Stiffness of unspecified joint, not otherwise classified
<input type="checkbox"/>	M62.81 – Muscle weakness (generalized)
<input type="checkbox"/>	G54.0 – Brachial plexus disorders
<input type="checkbox"/>	G82.2 – Paraplegia unspecified
<input type="checkbox"/>	R20 – Disturbances of skin sensation

Other: (please list any specific ICD-10 Code and description)

Occupational Therapy Service(s)

____ 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.***