San Antonio, TX
Phone: 210-800-1154
FAX: 210-957-1947
4027 Parkway
San Antonio, TX 78228

Daytime: _____

After school: _____

CLIENT INFORMATION

CLIENT NAME: _____ D.O.B.: _____

ADDRESS: _____ APT#. _____ ZIP: _____

PATIENT NAME: _____ PHONE: _____ ALT PHONE: _____-___

PRIMARY LANGUAGE: __ ENGLISH __ SPANISH GENDER: __ MALE __FEMALE

LAST DATE SEEN BY PCP:_____ **LAST WCC**:_____

REFERRAL SOURCE/NOTES: _____

INSURANCE INFORMATION

TYPE OF INSURANCE: _____ MEDICAID#: _____

HOME HEALTH ORDERS

☆ SPEECH THERAPY to evaluate patient within 30 days of agency's receipt of signed MD orders OR agency's receipt of initial evaluation authorization, if required. Treatment is approved up to 15 visits per months OR as specified by signed therapy plan of care to begin within 30 days of receipt of prayer authorization.

☆ OCCUPATIONAL THERAPY to evaluate patient with 30 days of agency's receipt of signed MD orders OR agency's receipt of initial evaluation authorization, if required. Treatment is approved up to 15 visits per month OR as specified by signed therapy plan on care to begin within 30 days of receipt of payer authorization.

☆ PHYSICAL THERAPY to evaluate patient within 30 days of agency's receipt of signed MD orders OR agency's receipt of initial evaluation authorization, if required. Treatment is approved up to 15 visits per month OR as specified by signed therapy plan of care to begin with 30 days receipt of payer authorization.

Primary Diagnosis: Patient Medications:

__ 299.00 Autism __ 299.9 PDD

__ 307.0 Stuttering

__ 314.00 ADD __ 314.01 ADHD

__ 315.2 Learning Disability

__ 315.31 Expressive Language Disorder

__ 315.31 Mixed Language Disorder

__ 315.32 Other Speech/Language Disorder

__ 315.4 Developmental Coordination Disorder

Therapy Information

__ 315.9 Upspec. Delay Development

__ 319.0 Mental Retardation

__ 343.8 Cerebral Palsy

__ 345.9 Epilepsy __ 780.39 Seizures

__ 389.00 Hearing Loss

__ 438.80 Apraxia

__ 530.81 GERD/Reflux

__ 719.7 Difficulty in Walking

__ 723.5 Torticollis

__ 758.0 Down Syndrome

__ 765.1 Prematurity

__ 781.3 Lack of Coordination

__ 783.42 Delayed Milestones

__ 784.40 Voice Disturbance

__ 787.2 Dysphagia

__ Other _____

_____ Precautions/Restrictions/Limitations: _____

PHYSICIAN INFORMATION

MD: _____ PHONE: _____

CLINIC: _____ FAX#: _____

LICENSE#: _____ UPIN#: _____ NP#: _____

MD SIGNATURE: _____ DATE: _____

FAX TO: 210-957-1957
San Antonio, TX
Phone: 210-800-1154