

Phone: 210.432.6623
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11107 Wurzbach Ste. 302
San Antonio TX 78230



Daytime: _____

Afterschool: _____

PATIENT NAME: _____ D.O.B. _____

ADDRESS: _____ APT# _____ ZIP: _____

PHONE: _____ ALT PHONE: _____

PRIMARY LANGUAGE: _____ ENGLISH _____ SPANISH GENDER: _____ M _____ F

LAST SEEN BY PCP: _____ LAST WCC: _____

PARENT/GUARDIAN: _____

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 as specified by signed therapy plan of care to begin within 30 days of receipt of payer authorization.

★ **SPEECH FEEDING 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 as specified by signed therapy plan of care to begin within 30 days of receipt of payer authorization.

★ **OCCUPATIONAL 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 as specified by signed therapy plan of 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 as specified by signed therapy plan of care to begin within 30 days of receipt of payer authorization.

★ **NURSING:(please circle one) SN PDN:** nurse to evaluate patient for nursing need. If nurse identifies a nursing need then treatment may begin on or after _____ (date) with POC to follow.

DIAGNOSIS CODES (please circle appropriate codes for patient)

F84.0 Autistic Disorder	H93.25 Central auditory process disorder	G80.8 Other cerebral palsy	R27.8 Other lack of coordination
F80.81 Stuttering	F80.89 Other development disorder of speech and language	H90.2 Conductive hearing loss, unspecified	R62.0 Delayed milestone in childhood
F81.89 Other development disorder of scholastic skill	F82 Specific development disorder of motor function	R48.2 Apraxia	R13.1 Dysphagia
F81.81 Disorder of written expression	F89 Unspecified disorder of psychological development	K21.9 GERD/Reflux	G40.911 Epilepsy w/ status epilepticus
F80.1 Expressive language disorder	F79 Unspecified intellectual disabilities	M43.6 Torticollis	G40.919 Epilepsy w/o status epilepticus
F80.2 Mixed receptive-expressive language disorder		Q90.9 Down Syndrome	G40.89 Other seizures
		P07.30 Preterm newborn	Other _____
		R27.0 Ataxia	

PHYSICIAN INFORMATION

MD: _____ PHONE: _____

CLINIC: _____ FAX: _____

MD SIGNATURE: _____ DATE: _____