ABILITY
Pediatric Therapy & Nursing
All services under one roof!

10609 IH-10 West, Ste. 105 * San Antonio, TX 78230 * Tel (210) 344-5437

FAX REFERRALS TO: (210) 344-5535
PDN CALL: (210) 344-5437
DATE: _____

Hearing Screening Needed: ◯Y ◯N
ASQ Screening Needed: ◯Y ◯N

CLIENT INFORMATION

Client Name: _____ □ Male □ Female DOB: _____/_____/_____
Address: _____ Apt. #: _____ Zip Code: _____
Parent/Guardian: _____ Phone: _____ Alt Phone: _____
Primary Language: □ English □ Spanish **Time Available:** □ Day □ Afterschool **Type:** □ Therapy □ Private Duty Nursing
NOTES: _____

INSURANCE INFORMATION

Medicaid ID #: _____ □ TMHP □ Superior □ Comm 1st □ Aetna □ Amerigroup Star Plus □ Molina
Commercial Insurance ID #:_____ **Grp#:** _____ □ United □ Tricare □ BCBS □ Humana
**Home Health and Private Duty Nursing Clients Require Medicaid Primary or Secondary to Commercial Insurance*

ICD-10 DIAGNOS(ES)

ADHD/ADD: □ **F90.0** ADHD Inattentive □ **F90.1** ADHD Hyperactive □ **F90.2** ADHD Combined □ **F90.0** ADD
BEHAVIORAL(NOT ABA): □ **F84.0** Autism □ **F84.8** PDD, Other □ **F84.9** PDD, Unspec.(Atypical Autism) □ **F84.5** Asperger's Syndrome
COORDINATION: □ **R27.0** Ataxia, Unspec. □ **R26.2** Difficulty in Walking □ **R27.8** Other Lack of Coordination
DEVELOPMENTAL: □ **F82** Developmental Coordination D/O □ **F88** Global Developmental Delay □ **F89** Unspec. D/O Psychological Dev.
□ **R62.0** Delayed Milestones □ **R62.50** Lack of Normal Physiological Dev.
FEEDING: □ **R13.11** Dysphagia, oral phase □ **R13.12** Dysphagia, oral pharyngeal phase
□ **R13.13** Dysphagia, pharyngeal phase □ **K21.9** GERD/Reflux
SPEECH: □ **F80.0** Phonological D/O □ **F80.1** Expressive Language D/O □ **F80.2** Mixed Receptive/Expressive Language D/O
□ **F80.81** Stuttering □ **F80.89** Other Developmental D/O of Speech and Language
□ **R49.9** Unspec. Voice & Resonance D/O □ **H90.2** Conductive Hearing Loss, Unspec.
OTHER: □ **Q90.0** Down's Syndrome □ **K21.9** Cystic Fibrosis □ **G80.9** Cerebral Palsy, Congenital
□ **M43.6** Torticollis □ **Q68.0** Torticollis, Congenital □ **R56.9** Unspec. Convulsions
Not listed, please be specific: _____

See below for DX up to age 2 only:

PRETERM NEWBORN: □ **P07.31** 28 Weeks □ **P07.32** 29 Weeks □ **P07.33** 30 Weeks □ **P07.34** 31 Weeks □ **P07.35** 32 Weeks
□ **P07.36** 33 Weeks □ **P07.37** 34 Weeks □ **P07.38** 35 Weeks □ **P07.39** 36 Weeks □ **R62.51** Failure to Thrive

ORDERS & PHYSICIAN INFORMATION

Evaluate and treat 1-3 times per week, if appropriate, as determined by evaluation completed by a licensed Speech Language Pathologist, Occupational Therapist or Physical Therapist as authorized by payor, RX valid for 60 days.

□ **Speech Therapy** □ **Feeding** □ **Vital Stim**
□ **Physical Therapy** □ **Occupational Therapy**
OT goals include: Increase fine/gross motor coord., ADLs, Increase cognitive/psychosocial skills

□ **Private Duty Nursing** Primary DX _____ □ H&P Attached
Skilled nurse to assess and evaluate for private duty nursing services

□ **Patient referred to ECI** □ **Patient Refused ECI** □ **Due to needs of child ECI not appropriate**

_____ _____
MD Name Printed Location

_____ _____ _____
Physician NPI Physician License MD Phone MD Fax

_____ _____
Original MD Signature (no stamps please) Date

Marketer: _____
Phone: _____