**PRESCRIPTION ~REFERRAL FOR EVALUATIONS ~ SERVICES**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District (if Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The child named above is recommended for the following:

(You must provide the **most specific ICD9 Code** (5 digit if possible) for each Evaluation/Service checked)

|  |  |
| --- | --- |
| **EVALUATION(S)** | **SERVICE(S)** |
|  |  | Frequency & Duration as per the IEP/ IFSP, for the School Year: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ Audiological | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Audiological | ICD9 Code \_\_\_\_\_\_\_\_ |
| \_\_ Occupational Therapy | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Occupational Therapy | ICD9 Code \_\_\_\_\_\_\_\_ |
| \_\_ Physical Therapy | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Physical Therapy | ICD9 Code \_\_\_\_\_\_\_\_ |
| \_\_ Speech\* | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Speech\* | ICD9 Code \_\_\_\_\_\_\_\_ |
| \_\_ Skilled Nursing\*\* | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Skilled Nursing\*\* | ICD9 Code \_\_\_\_\_\_\_\_ |
| \_\_ Psychological\*\*\* | ICD9 Code \_\_\_\_\_\_\_\_ | \_\_ Psychological Counseling\*\*\* | ICD9 Code \_\_\_\_\_\_\_\_ |
| \*\*\* Reason/Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*\*\* Reason/Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* Referrals for Speech Evaluation or Services may be signed by a Speech Language Pathologist who has seen the child

\*\* Referrals for Skilled Nursing Services require specific physician’s order with specific instructions

\*\*\* Referrals for a Psychological Evaluation or Psychological Counseling Services may be signed by an appropriate school official such as school administrator or the chairperson of the CPSE or a licensed practitioner acting within his/her scope of practice;

 Psychological Evaluation and/or Psychological Counseling can have ICD9 Code OR Reason Need: all others need ICD9

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Printed or Stamp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~A copy of this form or its equivalent must be sent to the County~**

**Facsimile or photocopy of this is acceptable**

**~Changes in frequency, duration or type of service need new prescription/referral~**

**Universal Form 12/2012**