**PRESCRIPTION ~ REFERRAL FOR PRESCHOOL EVALUATIONS ~ SERVICES**

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

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The child named above is recommended for the following:

(You must provide the **most specific ICD9/10 Codes** (5 digit if possible) for each Evaluation/Service checked.

**After October 1, 2015 only the ICD 10 code will be necessary**)

|  |  |
| --- | --- |
| **EVALUATION(S)** | **SERVICE(S)** |
|  |  | Frequency & Duration as per the IEP, for the School Year: 7/1/\_\_\_\_\_\_\_\_\_ to 6/30/\_\_\_\_\_\_\_\_\_ yyyy yyyy |
| \_\_ Audiological | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Audiological | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \_\_ Occupational Therapy | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Occupational Therapy | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \_\_ Physical Therapy | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Physical Therapy | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \_\_ Speech\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Speech\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \_\_ Skilled Nursing\*\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Skilled Nursing\*\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \_\_ Psychological\*\*\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ | \_\_ Psychological Counseling\*\*\* | ICD9 Code \_ \_ \_ \_ \_ICD 10 Code \_\_\_\_\_\_\_ |
| \*\*\* or Reason/Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*\*\* or 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 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 above.**

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

**Address/Printed or Stamp:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NPI #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Form 2 - 5/2015