

7712 Old Canton Road - Madison, MS 39110

Phone: (601) 427-5775 Fax: (601) 206-0668

**Therapy Referral**

Patient Name: Date of Birth

**Reason For Referral:**   Occupational Therapy – Evaluate & Treat

**Frequency**: 2-3 times per week **Duration**: 6 months

**Diagnosis:**

🞎 No Known Medical Diagnosis, reason for referral

🞎 ADD (F90.0)

🞎 Hemiplegia, Flaccid, Unspecified side (G81.0)

🞎 Hemiplegia, Spastic, unspecified side (G81.10)

🞎 Juvenile Rheumatoid Arthritis

🞎 Muscular Dystrophy, Duchenne, or Becker (G71.01)

🞎 Muscle Weakness (generalized) (M62.81)

🞎 Other disorders of physiological development (F88)

🞎 Other Lack of coordination (R27.8)

🞎 Paraplegia unspecified (G82.20)

🞎 Sensory Integration Disorder

🞎 Specific developmental disorder of motor function (F82)

🞎 Stiffness of unspecified joint, not elsewhere classified (M25.60)

🞎 Torticollis

🞎 Traumatic Brain Injury

🞎 Other:

🞎 ADHD (F90.1)

🞎 Angelman Syndrome (Q93.51)

🞎 Asperger Syndrome (F84.5)

🞎 Autism (F84.0)

🞎 Ataxia, unspecified (R27.0)

🞎 Brachial Plexus Disorders (G54.0)

🞎 Cerebral Palsy, other (G80.8)

🞎 Delayed milestones in childhood (R62.0)

🞎 Down Syndrome (Q90.9)

🞎 Developmental disorder of scholastic skills, unspecified (F81.9)

🞎 Dyspraxia (F82.0)

🞎 Fine Motor Delay

🞎 Fragile X (Q99.2)

🞎 Generalized Weakness (M62.81)

**Precautions:**

**\*Please attach patient demographic page**

Physician Signature: Date:

Physician Name (print): Physician Practice:

Practice Phone #: Fax#:

Additional Referral forms can be found at www.AFocusedBrain.com