



390 Calle De Allegra, Las Cruces, NM, 88005  
Phone: (575) 222-4588, Fax (575) 222-4590

Therapy Referral/Prescription

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis (If not listed below): \_\_\_\_\_ Insurance: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Evaluate & Treat     Occupational Therapy     Speech Therapy

- \_\_\_ R27.0 Ataxia, unspecified
- \_\_\_ R27.8 Other lack of coordination
- \_\_\_ R62.0 Delayed milestone in childhood
- \_\_\_ R62.50 Unspecified lack of expected normal physiological development in childhood
- \_\_\_ R63.3 Feeding difficulties
- \_\_\_ F82 Specific developmental disorder of motor function
- \_\_\_ F81.9 Developmental disorder of scholastic skills, unspecified
- \_\_\_ F88 Other disorders of psychological development
- \_\_\_ F90 ADHD Predominantly Inattentive Type
- \_\_\_ F90.1 ADHD Predominantly Hyperactive Type
- \_\_\_ F90.2 ADHD Combined Type
- \_\_\_ M62.81 Muscle weakness (generalized)

- \_\_\_ F84 Autistic disorder
- \_\_\_ F84.8 Other pervasive developmental disorder
- \_\_\_ F94.0 Selective mutism
- \_\_\_ F48.0 Dyslexia and Alexia
- \_\_\_ F80.1 Expressive Language disorder
- \_\_\_ F80.2 Mixed receptive-expressive disorder
- \_\_\_ H93.25 Central Auditory Processing Disorder
- \_\_\_ F80.4 Speech and language developmental delay due to hearing loss
- \_\_\_ F80.81 Childhood onset fluency disorder
- \_\_\_ F80.0 Phonological disorder

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone \_\_\_\_\_