



535 Bandera Rd, San Antonio, TX 78228 | Phone: (210) 435 1000 | Fax: (210) 200 6056

### Physician Referral Form

Attach along with referral the most recent clinical documents related to concern (check all that apply):

**Current Well Child Visit**     **Most Recent Office Visit**     **Developmental Screenings (ASQ/PEDS/M-Chat)**

Referral Type	Physician Information
Autism Evaluation	Referral Date ____ / ____ / ____      Contact Name: _____ Primary Care Physician: _____ NPI #: _____
Occupational Therapy	Referring Physician: _____ NPI #: _____ Address _____ City _____ State _____ Zip Code _____
Speech Therapy	Phone #: _____ Fax #: _____ Physician Signature : _____

Patient Information
Patients Name: _____ Patient D.O.B: ____ / ____ / ____ Sex: Male/Female Mother's Name: _____ Home/Cell #: _____ Father's Name: _____ Home/Cell #: _____
Address _____ City _____ State _____ Zip Code _____ Email: _____
Primary Language Spoken By Parent: _____ Secondary Language: _____ Primary Language Spoken By Child: _____ Secondary Language: _____

Insurance Information
Primary Insurance: _____ Insured Name: _____ D.O.B. ____ / ____ / ____ Member ID #: _____ Group #: _____ Plan Type: PPO ___ HMO ___ Other ___
Secondary Insurance: _____ Insured Name: _____ D.O.B. ____ / ____ / ____ Member ID #: _____ Group #: _____ Plan Type: PPO ___ HMO ___ Other ___

Diagnostic Codes Supporting A Concern For F84.0-Autism Spectrum Disorder <i>(Please Circle ALL Codes that Apply)</i>		
Speech	Occupational	Either Discipline
<b>F80.1</b> Expressive Language D/O <b>F80.2</b> Mixed Exp/Rec Language D/O <b>R48.8</b> Symbolic Dysf./Echolalic Speech <b>F80.9</b> Developmental D/O of Speech/Lang	<b>R20.8</b> Sensory Disturbance <b>R44.8</b> Involving Sensations/Perceptions <b>F82</b> Specific D/O of Motor Function <b>R27.9</b> Dyspraxia <b>M62.9</b> Hypotonia <b>F98.4</b> Stereotyped Rep Movements <b>F41.9</b> Anxiety NOS <b>F63.9</b> Impulse Control D/O NOS <b>R45.1</b> Restless and Agitation <b>F51.9</b> Sleep Disorder <b>R63.32</b> Pediatric Feeding D/O, Chronic	<b>R62.0</b> Delayed Milestones <b>F88</b> Global Developmental Delay <b>F81.9</b> Unspecified Delays in Development <b>R62.50</b> Developmental Delay <b>F89</b> Pervasive Developmental Delay <b>F94.9</b> Childhood D/O of Social Functioning  <b>F84.0</b> Autism Spectrum Disorder (ASD) *Circle ASD code IF has medical diagnosis*

*This referral does not guarantee payment. Please contact health plan to verify member eligibility and covered benefits\_\_ Revised 6.9.22*