



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