## THIS FORM TO BE USED AS OF 10/1/2015 IF NEW ICD-10 REQUIREMENT IS PUT INTO EFFECT

## **Putnam County Department of Health**

110 Old Route 6, Building 3, Carmel, NY 10512, 845-808-1640 FAX: 845-808-4092

## 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 ICD-10 Code (5 digit if possible) for each Evaluation/Service checked)	
<u>EVALUATION(S)</u>	<u>SERVICE(S)</u>
Audiological ICD10Code Occupational Therapy ICD10 Code	Frequency & Duration as per the IEP, for the School Year: 7/1/ to 6/30/  Audiological ICD10 Code Occupational Therapy ICD10 Code
Physical Therapy ICD10 Code  Speech* ICD10 Code  Skilled Nursing** ICD10 Code  Psychological*** ICD10 Code	Physical Therapy ICD10 Code Speech* ICD10 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:Address/Printed or Stamp:	Title:
	NPI #:
	License #
	Medicaid #:
Phone:	Fax:

~A Copy of this form or its equivalent must be sent to the County~ Facsimile or photocopy of this is acceptable

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