Croton~Harmon School District
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 ICD10 Code*** for each Evaluation/Service checked)

***Effective October 1, 2015 all written orders/referrals must contain an ICD10 Code**

EVALUATION(S)		**SERVICE(S)** Frequency & Duration as per the IEP, for the School Year: _____ to _____	
__ Audiological	ICD10 Code _____	__ Audiological	ICD10 Code _____
__ Occupational Therapy	ICD10 Code _____	__ Occupational Therapy	ICD10 Code _____
__ Physical Therapy	ICD10 Code _____	__ Physical Therapy	ICD10 Code _____
__ Speech*	ICD10 Code _____	__ Speech*	ICD10 Code _____
__ Skilled Nursing**	ICD10 Code _____	__ Skilled Nursing**	ICD10 Code _____
__ Psychological***	ICD10 Code _____	__ Psychological Counseling***	ICD10 Code _____
*** Reason/Need: _____		*** 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 a 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 ICD10 Code OR Reason Need: all others need ICD10

_____ Date: _____

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below.

Print Name: _____ Title: _____

Address/Printed or Stamp:

_____ 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~

Universal Form 08/2015