

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>	
		Frequency & Duration as per the IEP, for the School Year: 7/1/____ to 6/30/____ yyy yyy	
___ Audiological	ICD10Code _____	___ 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 _____
*** 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: _____ 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