



OCCUPATIONAL THERAPY / PHYSICAL THERAPY / SPEECH-LANGUAGE PATHOLOGY / AUDIOLOGY SERVICES ORDER FORM

FAX form to 513-803-1111 or 1-866-877-8905

3333 Burnet Ave. | MLC 9014 | Cincinnati, OH 45229-3039 1-800-344-2462

(After faxing form, have family call for appointment.)

Forms: http://www.cincinnatichildrens.org/referrals

PATIENT INFORMATION

Today's Date: Patient Name: Date of Birth: Patient Gender: Mother's Name: CCHMC MR # (if available): Home Phone: Alt. Phone:

REASON FOR REQUEST

List reason(s) for request / specific question(s) to be answered: Diagnosis / History / Symptoms / Special needs (required): Patient Status: Outpatient Inpatient Transitioning to Outpatient College Hill Shriners Hospital Other:

SERVICES REQUESTED

AUDIOLOGY Evaluation Requested: Routine Hearing Testing/Audiologic Evaluation OR Auditory Brainstem Response (ABR or BAER) Note: The evaluation(s) completed will depend on child's developmental level. Specialty Evaluations and Treatment Requested: Aural Rehabilitation Evaluation & Therapy Central Auditory Processing Evaluation (CAPE) & Follow-up Cochlear Implant Evaluation & Follow-up Hearing Aid Evaluation & Follow-up Vestibular (Balance) Evaluation & Follow-up Other:

OCCUPATIONAL THERAPY AND/OR PHYSICAL THERAPY

Reason for Referral: Evaluate and Treat Evaluate Only Ortho/Sports Physical Therapy Early Intervention OT/PT Patient Exhibits Problems With: Activity of Daily Living Cardiovascular Coordination Development Fine Motor Functional Cognition Gross Motor Joint Hypermobility Mobility Oral Motor/Feeding Pain Sensory Processing Strength Visual Perception/Visual Motor Other:

Specialty Evaluations and Treatment Requested: Aquatics Bowel and Bladder Management Cast and Splints Concussion Hand and Upper Extremity Trauma/Anomaly/Pain High Risk Infant/Cerebral Palsy LE Orthotics Low Vision/Cortical Vision Impairment Lymphedema Vestibular Rehab Wheelchair Seating and Positioning

Specific Information Regarding Impairment or Functional Performance

Precautions for Therapy: Weight Bearing Precautions: Non Weight Bearing R L Toe Touch R L Partial R L As Tolerated R L

THE PERLMAN CENTER FOR CEREBRAL PALSY/NEUROMOTOR DISORDERS

Comprehensive, Interdisciplinary Early Intervention Program (OT, PT, Speech, Teacher & Social Worker) Evaluate/Treat Assistive Technology Evaluate/Treat Augmentative Communication Seating/positioning/mobility Computer Access Aquatic Therapy Cortical Visual Impairment Evaluate/Treat Additional Information:

SPEECH-LANGUAGE PATHOLOGY

General Speech/Language Specialty Evaluations: Language Processing Oral-Motor/Feeding/Swallowing Stuttering/Fluency Augmentative Communication Pre-Cochlear Implant Vocal Cord Dysfunction Cognition/Language Learning Resonance/Velopharyngeal Function Voice Myofunctional/Tongue Thrust Selective Mutism Other: Clinics/Teams/Radiology Study: Hearing Impaired Clinic High Risk Infant Clinic Swallow Study: Video Swallow Study (VSS) VPI Clinic Outpatient Neuro-Rehabilitation Team (ONRT) at Drake Voice Clinic

REQUESTING PRACTITIONER / GROUP

Office Name: Practitioner Name: Office Address: Telephone: Fax:

Signature/Credentials of Ordering Practitioner Printed Name Date Time

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