Lamp Post THERAPY

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Jonesville, FL 32669
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LampPostTherapy.com

Referral Form

Child's Name: _____Date of Birth: _____

Contact Information

Caregiver/Contact Name: _____

Phone Number: (_____) _____

Please attach Prescription Here:

Please be sure to include:
"OT Evaluate and Treat" and a Diagnosis Code

**Avoid using the terms "Developmental Delay" and "Sensory Integration"

Diagnosis Codes that support sensory processing deficiencies and OT:
F84.0 – Autism
F84.5 – Asperger's Syndrome
F84.9 – PDD
G80.9 – Cerebral Palsy
F90.9 – Attention Deficit Disorder w/ Hyperactivity
F88- Disorder of Psychological Development
F82 – Neuromuscular Disorder or Motor Function
H53.9 0 – Visual Disturbance
R20.9 – Disturbance of Skin Sensation
R27.9 – Lack of Coordination
G96.9 – Disorder of Central Nervous System
F81.81 – Disorder of Written Expression
R48.0 – Dyslexia
R29.2 – Abnormal Reflex

Fax To: (352) - 331-9621

Thank you for your referral! We'll be in touch soon!