Phoenix Children's NICU Graduate Clinic Referral/Order

Name: ____________________
MRN: ____________________
DOB: ____________________
or Apply Patient Label

PLEASE ATTACH: PATIENT DEMOGRAPHICS, RELEVANT AUTH, and RECORDS

Phone: 602-933-4411 Fax: 602-933-2436

Patient Name:		**DOB:**
Parent/Legally Authorized Representative Name:	**Mobile Phone:**	**Alt. or Emergency number:**
Referring physician:	**Phone:**	**Fax:**
Practice Contact:	**Phone:**	
Reason for referral:		

ICD-10 codes if available:			
☐ Lack of normal physiological development	R62.5	☐ Delayed Milestones	R62.0
☐ Hypotonia	P94.2	☐ Hypertonia	P94.1
☐ ____IVH Grade______	P52.3	☐ Prematurity <28 weeks	P07.2
☐ Torticallis	Q68.0	☐ Prematurity 28-36 weeks	P07.3
☐ Generalized Weakness	R53.1	☐ Plagiocephaly	Q67.3
☐ Lack of Coordination	R27.9	☐ Abnormal gait	R26.9
☐ Hydrocephalus	Q03.9	☐ Ataxia	R27.0
☐ Dysphagia	R13.10	☐ Cerebral Palsy	G80.9
☐ Other:		☐ Other:	

Referral Request			
Developmental Evaluation			
☐ Developmental Evaluation (99204, 99205)			
☐ Developmental Evaluation follow-up (99214, 99215)			
Physical Therapy			
☐ Evaluation (97161, 97162, 97163)		☐ Re-evaluation (97164)	
Occupational Therapy			
☐ Evaluation (97165, 97166, 97167)		☐ Re-evaluation (97168)	
Speech Therapy (18 month and older)			
☐ Speech Fluency (92521)		☐ Speech Productivity (92522	
☐ Language Comprehension (92523)		☐ Other:	
Feeding Therapy (Under 18 month)			
☐ Feeding/Swallowing Evaluation (92610)			
Consultations			
☐ Allergy/Immunology		☐ Neurosurgery	
☐ Audiology		☐ Ophthalmology	
☐ Cardiology		☐ Orthopedics	
☐ Dermatology		☐ Otolaryngology/ENT	
☐ Endocrinology		☐ Pediatric Surgery	
☐ Gastroenterology		☐ Plastic Surgery	
☐ Genetics		☐ Pulmonology	
☐ Hematology/Oncology		☐ Pulmonology (BPD clinic only)	
☐ Hepatology		☐ Rheumatology	
☐ Nephrology		☐ Urology	
☐ Neurology		☐ Other________________________	

Physician Signature:	**Date:**	**Time:**
Physician Name Printed:		