GREATER LEARNING, LP
Helping people reach their full potential

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REFERRAL FORM

CLIENT INFORMATION

PATIENT NAME:_____ D.O.B.:_____

ADDRESS:_____ CITY:_____ ZIP:_____

PARENT NAME:_____ PHONE:_____ ALT PHONE:_____

PRIMARY LANGUAGE: ☐ ENGLISH ☐ SPANISH GENDER: ☐ MALE ☐ FEMALE

NOTES:_____

INSURANCE INFORMATION

☐ BCBS ☐ HUMANA ☐ MEDICAID (Traditional only) ☐ PHCS/MULTIPLAN ☐ TRICARE (out of network) ☐ UNITED HC

ID/POLICY #:_____ GROUP #:_____

THERAPY INFORMATION

DIAGNOS(ES):

☐ F90.9 ADHD, unspecified type	☐ R13.10 Dysphagia	☐ F81.89 Other Learning Difficulties
☐ F90.1 ADHD, hyperactive type	☐ G40.309 Epilepsy	☐ F80.89 Other Speech/Language Disorder
☐ R48.2 Apraxia	☐ F80.1 Expressive Language Disorder	☐ H66.90 Otitis Media
☐ F84.0 Autism	☐ R62.51 Failure to Thrive	☐ F84.9 PDD
☐ G80.9 Cerebral Palsy, Infantile	☐ K21.9 GERD; Esophageal Reflux	☐ P07.10 Prematurity
☐ F80.9 Delay in Development	☐ H90.2 Hearing Loss	☐ G40.409 Seizures
☐ R62.0 Delayed Milestones	☐ R27.8 Lack of Coordination	☐ F80.81 Stuttering
☐ F82 Developmental Coordination Disorder	☐ F79 Mental Retardation	☐ R49.9 Voice Disturbance
☐ Q90.9 Down's Syndrome	☐ F80.2 Mixed Language Disorder	

ORDERS:

☐ Speech Therapy: Evaluation and treat, 1-2 times per week, if appropriate, as determined by an evaluation completed by a Speech-Language Pathologist and as authorized by payor.

PHYSICIAN INFORMATION

M.D.:_____ PHONE:_____ FAX:_____

ADDRESS:_____

TAX ID #:_____ NPI #:_____

M.D. SIGNATURE:_____ DATE:_____

FAX TO: (210) 349-1417
EMAIL TO: admin@greaterlearninglp.com

Submit Patient Paperwork