

# Pediatrics Unlimited

Be The Best You Can BEE With Therapy



## PHYSICIAN REFERRAL FORM

**SPARTANBURG OFFICE**  
355 Oak Grove Rd Spartanburg, SC 29301  
Phone: 864-595-4225  
Fax: 864-595-4821

**GREENVILLE OFFICE**  
9-D Maple Tree Ct. Greenville, SC 29615  
Phone: 864-627-0009  
Fax: 864-627-0333

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

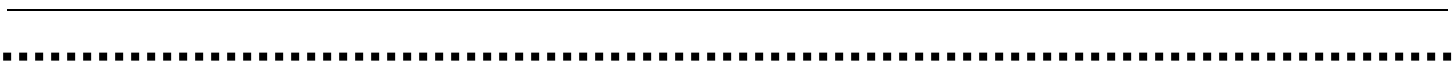
Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

Parent Name: \_\_\_\_\_

Reason For Referral & Diagnosis: \_\_\_\_\_

Significant Medical HX / Other Diagnosis / Meds: \_\_\_\_\_



### PHYSICIAN'S ORDERS

<b>OCCUPATIONAL THERAPY</b>	<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Other _____
<b>SPEECH-LANGUAGE THERAPY</b>	<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Other _____
<b>PHYSICAL THERAPY</b>	<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Other _____
<b>AQUATIC THERAPY</b>	<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Other _____
<b>ST/OT FEEDING THERAPY</b>	<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Other _____

**OTHER:** \_\_\_\_\_

Evaluations are by licensed pediatric therapists and using standardized assessments and clinical observations based upon practice guidelines set forth by AOTA, APTA, & ASHA.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name Print

\_\_\_\_\_  
Dr. NPI#

\_\_\_\_\_  
Fax Number