



# 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**  
494 Garlington Rd. Greenville, SC 29615  
Phone: 864-627-0009  
Fax: 864-595-4821

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 _____

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**