



DT18123

PLEASE FILL RESPONSES WITH CAPITAL LETTERS WITHIN THE BOXES



13300644

Children's Healthcare of Atlanta
REHABILITATION SERVICES ORDER

Patient Information

Name (first): [grid] (last): [grid] Date of Birth: [grid] / [grid] / [grid] Gender: [] M [] F Interpreter Required: [] No [] Yes (language): _____ Parent/Guardian: _____ Phone (home): _____ (other): _____

Referring & Medical Diagnoses (written):

ICD-10 Code(s):

Audiology (AuD) Date of Doctor's Office Hearing Screening (if applicable): [grid] / [grid] / [grid] Result: [] Pass [] Fail [] Hearing Eval [] Newborn Hearing Screening/Follow-up [] Swimplugs/Musicians' Earplugs [] Vestibular Evaluation [] Auditory Processing Eval (7+ yrs old) [] Cochlear Implant Services [] Bone Anchored Hearing Device (for surgical implants) [] Bone Conduction (for softband) [] Hearing Aids (choose one) [] New Hearing Aid Patient [] Established Hearing Aid Patient [] Auditory Brainstem Response (ABR) Test (choose one) [] non-sedated (under 4 mos old using adj age) [] sedated (at least 4 mos old using adj age)

Advanced Technology/Robotic Rehabilitation (OT/PT) Evaluate and treat as recommended for: [] Occupational Therapy [] Physical Therapy

Assistive Technology (OT/PT/ST) Evaluate and treat as recommended for:

Date of Last Doctor's Office Visit: [grid] / [grid] / [grid] (GA Medicaid Requirement) Patient's Height: _____ ft. _____ in. Weight: _____ lbs. [] Augmentative Communication [] Computer Access/Environmental Control Evaluation [] Seating & Mobility

Orthotics & Prosthetics Specify Device: _____ [] with PT Evaluation & Treatment [] with OT Evaluation & Treatment [] Cranial Remolding Orthosis [] Cranial Remolding Orthosis with PT Evaluation & Treatment

Occupational Therapy (OT) Evaluate and treat as recommended for: [] General OT (or choose a specialty below)

[] Aquatic Therapy (OT or PT) (at MOB Aquatics or Scottish Rite Aquatics) [] Constraint Induced Movement Therapy (CIMT) [] Driver Rehabilitation [] Feeding (OT or ST) [] Hand Therapy [] Serial Casting (OT or PT) Start Date: [grid] / [grid] / [grid] Duration: _____ wks [] Splinting (OT or PT)

Physical Therapy (PT) Evaluate and treat as recommended for: [] General PT (or choose a specialty below)

[] Aquatic Therapy (PT or OT) (at MOB Aquatics or Scottish Rite Aquatics) [] Splinting (PT or OT) [] Serial Casting (PT or OT) Start Date: [grid] / [grid] / [grid] Duration: _____ wks [] Vestibular Rehabilitation

Speech-Language Therapy (ST) Evaluate and treat as recommended for: [] General ST (with hearing eval if last results are >6 mo old (or choose a specialty below)

[] Feeding (ST or OT) [] Flexible Endoscopic Evaluation of Swallowing (FEES) [] Oral Pharyngeal Motility Study/Modified Barium Swallow (OPMS) [] Reading Disorder/Dyslexia [] Voice Disorder

Physician's Statement of Medical Necessity and Services

The above-named individual is currently under my medical care. I have recommended the services/apparatus indicated which is medically necessary for optimal care of the condition for which I have been consulted.

Rehabilitation Potential: [] Good [] Fair [] Poor Recommended Frequency: _____ times per _____ (week or month)

Physician's Printed Name: _____

For questions about anything on this order please contact:

Physician's Signature: _____

Physician Office Contact's Name: _____

Date: [grid] / [grid] / [grid] Time: [grid]:[grid] [] AM [] PM

Contact's Phone Number: _____

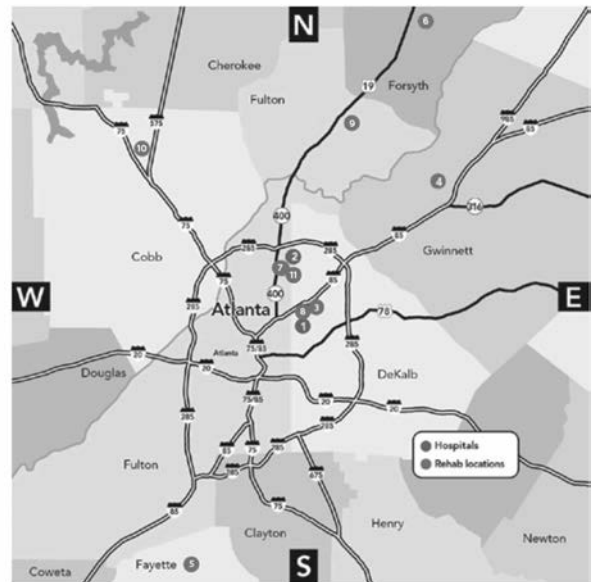
Physician's License Number: _____

Fax Number: _____

Visit choa.org/rehabprofessionals for more information or to reorder this form.

Some physicians and affiliated healthcare professionals on the Children's Healthcare of Atlanta team are independent providers and are not our employees.

For this service:	Parents, call this number to schedule:	Physicians, fax order to this number:
Rehabilitation (For services not listed below)	404-785-7100	404-785-7113
Hand Therapy	404-785-4611	404-785-3732
Assistive Technology	404-785-3718	404-785-3768
Orthotics and Prosthetics, Cranial Remolding	404-785-3229	404-785-5690
OPMS, FEES–Egleston	404-785-3255	404-785-1158
OPMS, FEES–Scottish Rite and Children’s at Webb Bridge (OPMS only at Webb Bridge)	404-785-2270	404-785-5311
Center for Advanced Technology and Robotic Rehabilitation	404-785-4908	404-785-4388
Driver Rehabilitation	404-785-3300	404-785-3270
To request an appointment online: • choa.org/rehabappointment [choa.org/citapararehabilitacion]		



Location	Services offered at this location	
	Rehab	Orthotics & Prosthetics
1. Egleston Hospital 1405 Clifton Road NE, Atlanta, GA 30322	X	
2. Scottish Rite Hospital 1001 Johnson Ferry Road NE, Atlanta, GA 30342 The Center for Advanced Technology and Robotic Rehabilitation, and OPMS and FEES are located inside the Scottish Rite hospital.	X	X
3. Center for Advanced Pediatrics 1400 Tullie Road NE, Atlanta, GA 30329 6th Floor <i>A service of Children’s at Scottish Rite hospital</i>		X
4. Children’s at Duluth 2270 Duluth Highway 120, Suite 200, Duluth, GA 30097 <i>A service of Children’s at Scottish Rite hospital</i>		X
5. Children’s at Fayette 1265 Highway 54 West, (east entrance) Suite 200, Fayetteville, GA 30214 <i>A service of Children’s at Scottish Rite hospital</i>		X
6. Children’s at Forsyth 410 Peachtree Parkway, Suite 300, Cumming, GA 30041 <i>A service of Children’s at Scottish Rite hospital</i>		X
7. Children’s at Meridian Mark 5445 Meridian Mark Road, NE, Suite 200, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>		X
8. Children’s at North Druid Hills 1605 Chantilly Drive, Atlanta, GA 30324 <i>A service of Children’s at Scottish Rite hospital</i>	X	
9. Children’s at Old Milton Parkway 3300 Old Milton Parkway, Suite 370, Alpharetta, GA 30005		X
10. Children’s at Town Center 605 Big Shanty Road NW, Kennesaw, GA 30144 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
11. Medical Office Building at Scottish Rite 5461 Meridian Mark Road NE, Suite 300, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>	X	

Visit choa.org/locations for door-to-door driving directions.