



DT18123

PLEASE FILL RESPONSES WITH CAPITAL LETTERS WITHIN THE BOXES



13300644

Children's Healthcare of Atlanta

REHABILITATION SERVICES ORDER

Patient Information

Name (first): [ ]
(last): [ ]
Date of Birth: [ ] [ ] / [ ] [ ] / [ ] [ ] 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): [ ] [ ] / [ ] [ ] / [ ] [ ]

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: [ ] [ ] / [ ] [ ] / [ ] [ ] (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) [ ] Constraint Induced Movement Therapy (CIMT) - (OT or PT) [ ] Feeding (OT or ST) [ ] Hand Therapy
[ ] Serial Casting (OT or PT) Start Date: [ ] [ ] / [ ] [ ] / [ ] [ ] Duration: \_\_\_\_\_ wks
[ ] Splinting (OT or PT) Type of Splint: \_\_\_\_\_ [ ] Other Specialty: \_\_\_\_\_

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

- [ ] Aquatic Therapy (PT or OT) [ ] Constraint Induced Movement Therapy (CIMT) - (PT or OT) [ ] Splinting (PT or OT) Type of Splint: \_\_\_\_\_
[ ] Serial Casting (PT or OT) Start Date: [ ] [ ] / [ ] [ ] / [ ] [ ] Duration: \_\_\_\_\_ wks
[ ] Vestibular Rehabilitation: Primary Symptom(s): \_\_\_\_\_ [ ] Other Specialty: \_\_\_\_\_

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)

- [ ] Auditory-Verbal Therapy (for hearing impaired) [ ] Feeding (ST or OT) [ ] Flexible Endoscopic Evaluation of Swallowing (FEES)
[ ] Oral Pharyngeal Motility Study/Modified Barium Swallow (OPMS) [ ] Reading Disorder/Dyslexia [ ] Voice Disorder [ ] Other Specialty: \_\_\_\_\_

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: [ ] [ ] / [ ] [ ] / [ ] [ ] Time: [ ] [ ] : [ ] [ ] [ ] 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:
<b>Rehabilitation</b> (For services not listed below)	404-785-7100	404-785-7113
<b>Hand Therapy</b>	404-785-4611	404-785-3732
<b>Assistive Technology</b>	404-785-3718	404-785-3768
<b>Orthotics and Prosthetics, Cranial Remolding</b>	404-785-3229	404-785-5690
<b>OPMS, FEES—Egleston</b>	404-785-3255	404-785-1158
<b>OPMS, FEES—Scottish Rite and Children’s at Webb Bridge (OPMS only at Webb Bridge)</b>	404-785-2270	404-785-5311
<b>Center for Advanced Technology and Robotic Rehabilitation</b>	404-785-4908	404-785-4388
To request an appointment online: <ul style="list-style-type: none"> <li>• <a href="http://choa.org/rehabappointment">choa.org/rehabappointment</a> [<a href="http://choa.org/citapararehabilitacion">choa.org/citapararehabilitacion</a>]</li> </ul>		



MAP NOT DRAWN TO SCALE

Location	Services offered at this location	
	Rehab	Orthotics & Prosthetics
<b>1. Egleston hospital</b> 1405 Clifton Road NE, Atlanta, GA 30322	X	
<b>2. Scottish Rite hospital</b> 1001 Johnson Ferry Road NE, Atlanta, GA 30342 The Center for Advanced Technology and Robotic Rehabilitation is located inside Scottish Rite hospital.	X	
<b>3. Children’s at Alpharetta Highway</b> 11835 Alpharetta Highway, Roswell, GA 30076 <i>A service of Children’s at Scottish Rite hospital</i>	X	
<b>4. Children’s at Duluth</b> 2270 Duluth Highway 120, Suite 200, Duluth, GA 30097 <i>A service of Children’s at Scottish Rite hospital</i>		X
<b>5. Children’s at Executive Park</b> 6 Executive Park Drive NE, Suite 50, Atlanta, GA 30329		X
<b>6. Children’s at Fayette</b> 1265 Highway 54 West, (east entrance) Suite 200, Fayetteville, GA 30214 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
<b>7. Children’s at Forsyth</b> 410 Peachtree Parkway, Suite 300, Cumming, GA 30041 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
<b>8. Children’s at Marietta</b> 175 White St., Suite 350, Marietta, GA 30060		X
<b>9. Children’s at Meridian Mark</b> 5445 Meridian Mark Road, NE, Suite 200, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>		X
<b>10. Children’s at Mount Zion</b> 2201 Mount Zion Parkway, Morrow, GA 30260 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
<b>11. Children’s at North Druid Hills</b> 1605 Chantilly Drive, Atlanta, GA 30324 <i>A service of Children’s at Scottish Rite hospital</i>	X	
<b>12. Children’s at Old Milton Parkway</b> 3300 Old Milton Parkway, Suite 370, Alpharetta, GA 30005		X
<b>13. Children’s at Sandy Plains</b> 3618 Sandy Plains Road, Suite 100, Marietta GA 30066 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
<b>14. Children’s at Satellite Boulevard</b> 2620 Satellite Blvd., Suite 100, Duluth, GA 30096 <i>A service of Children’s at Scottish Rite hospital</i>	X	
<b>15. Children’s at Town Center</b> 605 Big Shanty Road NW, Kennesaw, GA 30144 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
<b>16. The Children’s Medical Office Building</b> 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](http://choa.org/locations) for door-to-door driving directions.