



Carolina Speech Connections

Speech Therapy Prescription & Referral Form

Patients Name: _____ Date of Birth _____

Contact Name: _____ Phone Number: _____

Commonly Used Speech-Language ICD-10 Codes (Check all that apply)

<input type="checkbox"/>	F80.0 – Phonological processing disorder / Articulation Disorder
<input type="checkbox"/>	F80.1 – Expressive language disorder
<input type="checkbox"/>	F80.2 – Mixed receptive-expressive language disorder
<input type="checkbox"/>	F80.4 – Speech and language developmental delay due to hearing loss
<input type="checkbox"/>	F80.8 – Other developmental disorders of speech and language
<input type="checkbox"/>	F80.81 – Childhood onset fluency disorder
<input type="checkbox"/>	F80.82 – Social pragmatic communication disorder
<input type="checkbox"/>	F80.89 – Other developmental disorders of speech and language
<input type="checkbox"/>	F81.9 – Developmental disorder of scholastic skills
<input type="checkbox"/>	F84.0 – Autistic Disorder
<input type="checkbox"/>	F84.5 – Asperger’s Syndrome
<input type="checkbox"/>	Q90.9 – Down Syndrome, unspecified
<input type="checkbox"/>	R13.10 – Dysphagia, unspecified
<input type="checkbox"/>	R41.840 – Attention and Concentration Disorder
<input type="checkbox"/>	R41.841 – Cognitive communication deficit
<input type="checkbox"/>	R48.2 - Apraxia
<input type="checkbox"/>	R48.9 – Unspecified voice and resonance disorder
<input type="checkbox"/>	R62.0 – Delayed Milestone in Childhood
<input type="checkbox"/>	R62.5 – Other an unspecified lack of normal physiological development in childhood
<input type="checkbox"/>	R63.3 – Feeding Difficulties

Other (Please list any specific ICD-10 code and description):

Speech Language Pathology Service(s)

Evaluation & Treatment

Evaluation Only

Treatment Only

Physician’s Signature: _____ Date: _____

Physician’s Printed Name: _____ NPI#: _____

*When signed by a physician, this form acts as a prescription for therapy services
Please fax this form, along with any additional relevant medical information to 704-464-4774.*