

Fax Referral Request

Online Patient Intake Form:



Please fax to Step by Step Pediatric Therapy Services at **585-427-7410**

Date:			Rev 01/22
To:	<input type="checkbox"/> Amanda Wilbert, OTR/L <input type="checkbox"/> Aubrey Starks, OTR/L <input type="checkbox"/> Heather Hanson, PT, DPT <input type="checkbox"/> Shelby Withiam, PT, DPT <input type="checkbox"/> Danielle Hyde, PT <input type="checkbox"/> Ann Ernst, MS, PT <input type="checkbox"/> Stacia Paganelli, MA, CCC-SLP, CLC <input type="checkbox"/> Lauren Zemaitis, MA, CCC-SLP <input type="checkbox"/> Heather Brown, MS, CCC-SLP <input type="checkbox"/> Kristin Bergholtz MS, CCC-SLP <input type="checkbox"/> Lauren Ferris, MS, CCC-SLP		
From:			
Child:		Date of Birth:	
Parent:		Phone #:	

Due to the high amount of denials from the insurance companies, please avoid using any ICD-10 Codes with a delay or sensory diagnosis. Thank you!

Physical and Occupational Therapy

- | | |
|---|---|
| <input type="checkbox"/> Q68.0 Congenital deformity of sternocleidomastoid muscle | <input type="checkbox"/> R26.9 Unspecified abnormalities of gait and mobility |
| <input type="checkbox"/> M43.6 Torticollis | <input type="checkbox"/> R48.2 Apraxia |
| <input type="checkbox"/> M62.81 Muscle weakness | <input type="checkbox"/> M25.50 Pain in unspecified joint |
| <input type="checkbox"/> P14.0 Erb's paralysis due to birth injury | <input type="checkbox"/> R27.0 Ataxia, unspecified |
| <input type="checkbox"/> P14.3 Other brachial plexus birth injury | <input type="checkbox"/> R41.4 Neurologic neglect syndrome |
| <input type="checkbox"/> P94.2 Congenital hypotonia | <input type="checkbox"/> R29.3 Abnormal Posture |
| <input type="checkbox"/> R27.9 Unspecified Lack of Coordination | |

Speech/Language Therapy

- R47.89 Other speech disturbances
- F80.4 Speech & language developmental delay due to hearing loss
- OTHER: _____

Feeding Therapy

- R13.11 Oral phase dysphagia
- R63.30 Feeding difficulties, unspecified
- R63.31 Pediatric feeding disorder, acute
- R63.32 Pediatric feeding disorder, chronic
- R63.39 Other feeding difficulties, picky eater

 Physician's signature NYS License No. NPI No. Signed Date Effective Date

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