Assistive Technology NW
Andrea Ekstam, MA, CCC-SLP, LLC 319-329-3007
Carrie Luse, MSR, OT/L, ATP, LLC 503-312-3348
Kim Elliott, MS, CCC-SLP, LLC 503-708-5720

Therapy Referral Form

PATIENT INFORMATION

Date:	
Patientôs Name:	Date of Birth:
Parentôs Name(s):	Phone:
Concerns:	

SERVICES:

____ Speech Language/AAC Evaluation & Treatment (92607, 92608, 92506,97755, 92609, 92507)

____ Occupational Therapy Evaluation & Treatment (97003, 97004, 97755, 97530, 97110, 97112)

PHYSICIAN REFERRAL/RX:
Diagnoses & ICD-9 codes: _____
_____
_____
_____

Physician's Signature: **X**_____

Print name: _____

Clinic Name: _____

Phone/fax number: _____

Please fax this form and chart notes to:

Assistive Technology NW
Fax #: 503-536-6733
2100 NE Broadway, #119, Portland, OR, 97232