NASSAU COUNTY
DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Preschool Special Education Program
60 Charles Lindbergh Blvd. Suite 100, Uniondale, New York 11553-3683

Physician Prescription for Evaluations

Based on a review of the child's records, I am referring this child for the following evaluation(s):

Student's Name: ______________________________ DOB: __________________________

Agency/School: Up Wee Grow, Inc. District: __________________________
(Agency, Center Based School or Individual Provider)

Type Of Evaluation (Please check any that apply)				
☐ Audiological	☐ Neurological	☐ Orthopedic	☐ Psychological	☐ Psychiatric
☐ Occupational Therapy	☐ Physical Therapy	☐ Other _________________________		

Diagnosis (ICD-10 code) REQUIRED for Evaluations provided on or after 10/01/2015.

Diagnosis (ICD-9code) REQUIRED for Evaluations provided *prior to* 10/01/2015.

Note: Please provide an ICD-9 and an ICD-10 code for each evaluation selected

*REQUIRED Reason for Evaluation (ICD- 9, ICD-10 Code or Presenting Problem)	

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print or use stamp):

Name:	
Address:	
Phone Number:	
License # (REQUIRED)	
NPI # (REQUIRED)	
Medicaid Provider # (REQUIRED)	

____ ____________
Signature of Physician/Physician's Assistant/Nurse Practitioner Date

Must be original signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED

A FACSIMILE OR PHOTOCOPY OF THIS RX IS ACCEPTABLE.

update 06-2015