



## REFERRAL SLIP

Please fax this form to the office: 858-746-4113 or email it to: [Info@SanDiegoCenterForSpeechTherapy.com](mailto:Info@SanDiegoCenterForSpeechTherapy.com)

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_ Referred by (name): \_\_\_\_\_

Referral Phone: \_\_\_\_\_ Date of Referral: \_\_\_\_\_ Referral Signature: \_\_\_\_\_

### OROFACIAL MYOFUNCTIONAL THERAPY

*\*Now some of our myofunctional therapists are in-network with most insurance plans!*

Speech-Language Pathologist or Physical Therapist evaluate and treat the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Thumb/finger/pacifier sucking habit<br>(R29.3, M62.81, Q38.1, R13.11, G47.9, M26.59)                     | <input type="checkbox"/> Drooling<br>(R63.3, R29.3, M62.81, R06.5, K14.8, R13.11, M26.59)             | <input type="checkbox"/> Speech concerns<br>(R29.3, M62.81, K14.8, M26.59, Q38.1, R47.89, R47.81)       |
| <input type="checkbox"/> Mouth breathing/lips open at rest<br>(R06.5, M62.81, R29.3, M26.59)                                      | <input type="checkbox"/> Tongue thrust<br>(R63.3, R29.3, R13.11, M62.81, M26.59, K14.8, M26.29)       | <input type="checkbox"/> Sleep breathing issues<br>(R29.3, M62.81, Q38.1, G47.33, R06.83)               |
| <input type="checkbox"/> Tongue position at rest<br>(R29.3, M62.81, K14.8, Q38.1, M26.59)   | <input type="checkbox"/> Chewing/eating difficulties<br>(R63.3, R29.3, M62.81, Q38.1, M62.81, R13.11) | <input type="checkbox"/> Clenching/grinding<br>(G47.63, M26.59, M26.69, R29.3, M62.81, M26.633, M62.40) |
| <input type="checkbox"/> Mouth/Face/Jaw muscle pain (G47.63, M26.69, R29.3, M62.81, R63.3, M26.633, G44.209, M79.1, 729.1, M54.2) |   |   |

Frequency/Duration: OMT treatment program is estimated 1 session/week for 8-10 weeks and then continues once/month throughout the first year. This may increase depending on the severity of the issues and number of physical and myofunctional problems.

If applicable, PT/OMT may also evaluate and treat any body issues including postural problems, breathing dysfunction, headaches, neck pain, back pain, and TMJ issues.

Comments: \_\_\_\_\_

### SPEECH & LANGUAGE THERAPY

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Delayed talking, not speaking yet, or limited speech                                 | <input type="checkbox"/> Difficult to understand                                       | <input type="checkbox"/> Feeding, swallowing, drooling, oral-motor challenges  |
| <input type="checkbox"/> Speech articulation challenges / speech sound errors                                 | <input type="checkbox"/> Stuttering  | <input type="checkbox"/> Voice concerns (e.g., hoarseness, pitch issues, etc.) |
| <input type="checkbox"/> Language processing/comprehension concerns   | <input type="checkbox"/> Shyness, not speaking in various situations, selective mutism | <input type="checkbox"/> Social skills/pragmatics concerns                     |
| <input type="checkbox"/> Expressive language challenges, grammar/syntax issues, difficulty expressing oneself |  |  |

Comments: \_\_\_\_\_

### OCCUPATIONAL THERAPY

List Concerns: \_\_\_\_\_

### PHYSICAL THERAPY (WATER AND SPORTS PHYSICAL THERAPY)

Physician diagnosis/condition: *see above for OMT treatment referral*; Additional PT dx.: \_\_\_\_\_