



**SHARKEY PEDIATRIC
OCCUPATIONAL THERAPY**

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“Bringing Potential to the Surface”

To: Erin Sharkey Gormley, OTR/L, C/NDT, CPAM
Fax number: 410-571-0030

From:
Fax number:

Date:

Regarding:

Phone number for follow-up: 410-305-9120

Comments:

PATIENT NAME: _____ DOB: _____
PATIENT TELEPHONE: _____ REFERRING PHYSICIAN: _____
REASON FOR REFERRAL _____
PRECAUTIONS _____

Habilitative Rehabilitative EVALUATE & TREAT CONTINUED PLAN OF CARE

ICD-10 DX:

- | | |
|--|---|
| <input type="checkbox"/> R27.8 Other lack of coordination
<input type="checkbox"/> R27.9 Unspecified lack of coordination
<input type="checkbox"/> R62.0 Delayed milestone in childhood
<input type="checkbox"/> R62.50 Lack of normal physiological development in childhood unspecified
<input type="checkbox"/> R62.59 Other lack of expected normal physiological development in childhood
<input type="checkbox"/> R27.0 Ataxia, unspecified
<input type="checkbox"/> M62.81 Muscle weakness (generalized)
<input type="checkbox"/> M25.60 Stiffness of joint, joint elsewhere classified, involving unspecified site
<input type="checkbox"/> R41.842 Visuospatial deficit
<input type="checkbox"/> R41.844 Frontal lobe and executive function deficit
<input type="checkbox"/> R41.89 Other symptoms and signs involving cognitive functions and awareness
<input type="checkbox"/> G82.20 Paraplegia | <input type="checkbox"/> R20.0 Anesthesia of skin
<input type="checkbox"/> R20.1 Hypoesthesia of skin
<input type="checkbox"/> R20.3 Hyperesthesia
<input type="checkbox"/> G54.0 Brachial plexus disorders
<input type="checkbox"/> G80.9 Infantile cerebral palsy, unspecified
<input type="checkbox"/> G81.91 Hemiplegia, unspecified affecting right dominant side
<input type="checkbox"/> G81.92 Hemiplegia, unspecified affecting left dominant side
<input type="checkbox"/> G81.93 Hemiplegia, unspecified affecting right non-dominant side
<input type="checkbox"/> G81.94 Hemiplegia, unspecified affecting left non-dominant side
<input type="checkbox"/> F82 Specific development disorder of motor function
<input type="checkbox"/> F98.9 Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
|--|---|

I CERTIFY THIS OCCUPATIONAL THERAPY IS MEDICALLY NECESSARY

MD SIGNATURE _____ DATE _____

NPI # _____ Email Address: _____