

# Cove Child Development

Occupational, Speech, Physical Therapy

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Medical Dx: \_\_\_\_\_

Parent Email (for intake) \_\_\_\_\_

**Fine Motor**

Dx Code: F82

Specific developmental disorder of motor function.

**Handwriting**

Dx Code: F81.81

Disorder of written expression

**Sensory**

Dx Code: R44.8

Unspecified symptoms and signs involving general sensations and perceptions.

**Speech**

Dx Code: F80.9

Developmental disorder of speech and language, unspecified.

**Gross Motor**

Dx Code: R27.8

Other lack of coordination or M62.81 Generalized Muscle Weakness

**Self Help Skills**

Dx Code: Z74.1

Need for assistance with personal care

**Feeding**

Dx Code: R63.8

Other symptoms and signs concerning food and fluid intake.

**Other concerns/additional information**

**\*Please attach any relevant testing results**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Precautions:**

**Infectious Disease:** \_\_\_\_\_

**Spinal Instability**

**Weight Bearing Restrictions:** \_\_\_\_\_

**Allergy:** \_\_\_\_\_

**Seizure Disorder**

**Other:** \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Practice Phone #: \_\_\_\_\_ Practice Fax #: \_\_\_\_\_