

REFERRAL FOR CCS MEDICAL THERAPY PROGRAM (MTP) SERVICES

Name: _____ Date of Exam: _____

DOB: _____ Age at Exam: _____ Corrected age at exam: _____

Working Diagnosis/es: _____

This child is hereby referred to the MTP for PT and OT evaluations, and treatment as indicated. Physical written exam must document these findings: this form is not enough to determine eligibility.

Physical Findings Establishing MTP Eligibility

Under 3 Years of Age: (2 of 6 findings required for MTP eligibility)

- Exaggerated or persistent primitive reflexes beyond normal age, please indicate R or L side:
Root > 4 months
Moro > 6 months
Palmar grasp > 6 months
ATNR > 7 months
Positive support > 7 months
Babinski > 12 months
Increased DTR's or MSR's (3+ or greater, clonus, rigidity)
Asymmetry of motor findings
Abnormal posturing
Hypotonia with DTR's 2+ or greater and under 1 year of age
Meets one of the criteria below for possible Cerebral Palsy and between 1 and 3 years of age

Not Age Dependent: (any one of the following):

- Cerebral Palsy or analogous CNS condition
Producing the following:
Spasticity or rigidity
Hypotonia with normal or increased DTR's and persistent primitive reflexes
Involuntary movements: Athetoid, Choreiform, Dystonic
Ataxia - specify findings (requires at least 4 of 6 findings to qualify)
Chronic musculoskeletal deformity or amputation
Neuromuscular disorder producing weakness or atrophy
Connective tissue disease

Physician's Name printed/Signature _____ Date _____

Please fax referral and supporting medical report to Humboldt County CCS at (707) 441-5686.