



PEDIATRIC / ADOLESCENT DAY PROGRAM PRESCRIPTION

3011 Baltimore Ave | Kansas City, MO 64108 | T: 816.751.7783 | F: 816.751.7984

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

Primary Diagnosis: \_\_\_\_\_

Phone(H): \_\_\_\_\_ Phone (other): \_\_\_\_\_

THERAPY NEEDS:

- L. Hemi, R. Hemi, Gait, Balance, Coordination, Cognition, Memory, Aphasia, Weakness, Dysarthria, Vision, Ataxia, Neglect, Functional Mobility, Other:

Physical Therapy

- Evaluation/Treatment, Transfers, Ambulation, Balance, Strengthening/Endurance, Coordination, Serial Casting, Orthotics, Prosthetics, Biofeedback, Soft Tissue Massage, E-Stim, FES, Desensitization, ROM, Wheelchair Evaluation, Power, Manual, Seating Assessment, Other:

Occupational Therapy

- Evaluation/Treatment, ADL/IADL, Orthotics, Prosthetics, Functional Visual Task, Home Management/Child Care, Soft Tissue Massage, FES, E-Stim, Desensitization, ROM, Strengthening, Casting/Serial, Driving Evaluation, Adapted Computer/Digital Access, Adapted Access to Print, Other:

Precautions

- None, Anticoagulation, Safety, Swallow, Seizure, Orthostasis, Diabetic, Cardiac, Sensory Deficit, Weight Bearing, Range of Motion, Other:

Psychology/Social Work

- Screen, Competency Evaluation, Neuropsych. Evaluation, Adjustment Counseling, Group Counseling, Family Counseling, Behavior Management, Relaxation/Pain Management, Social Skills, Other:

Community/School Re-entry

Speech Therapy

- Evaluation/Treatment, Cognition, Communication, Oral Motor Function, Swallowing, Augmentative Communication, Other:

Frequency of Services: \_\_\_ times per week for \_\_\_ weeks.

Certification: Signature below certifies that during the course of treatment as outlined above in occupational or speech therapy that the patient will be under the care of the ordering physician...

Physician's Name: \_\_\_\_\_

M.D. or D.O's Signature ONLY\* \_\_\_\_\_ Date: \_\_\_\_\_

NPI# \_\_\_\_\_

\*Our licensing regulations require that only M.D. or D.O can sign therapy orders.