



PEDIATRIC / ADOLESCENT
OUTPATIENT 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:

- Physical therapy needs: L. Hemi, R. Hemi, Gait, Balance, Fine Motor, Cognition, Memory, Swallow, Spasticity, Dysarthria, Coordination, Ataxia, Apraxia, Functional Mobility, Expressive/Receptive Language, Other: \_\_\_\_\_

Physical Therapy

- Assess & Treat
Therapeutic Exercise
Gait Training
Functional Training
Gross Motor Skills
Aquatic Therapy
Other: \_\_\_\_\_

Occupational Therapy

- Assess & Treat
Therapeutic Exercise
Functional Training
ADL/Self Care
Fine Motor Skills
Sensory Integration
Aquatic Therapy
Other: \_\_\_\_\_

Precautions

- Universal
Safety
Cardiac
Swallow
Seizure
Orthostasis
Diabetic
Avoid Over-Fatigue
Anticoagulation
Weight Bearing \_\_\_\_\_
Range of Motion \_\_\_\_\_
Other: \_\_\_\_\_

Speech Therapy

- Assess & Treat
Cognition Eval/Treatment
Dysphagia Treatment
Other: \_\_\_\_\_

Certification: Signature below certifies that during the course of treatment as outlined above in physical therapy, occupational therapy and speech therapy that the patient will be under the care of the ordering physician. A licensed therapist will revise the program in keeping with the child's progress.

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.