



**ADAPTIVE COMMUNICATION, ASSISTIVE TECHNOLOGY SERVICES & COMPUTER TECHNOLOGY OUTPATIENT PRESCRIPTION**

**PLEASE ATTACH PATIENT DEMOGRAPHIC SHEET TO THIS FORM!**

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

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

ICD-10 Code(s): \_\_\_\_\_ SS#: \_\_\_\_\_

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

**THERAPY NEEDS:**

- L. Hemi     R. Hemi     Aphasia     Dysarthria     Non-Verbal     Coordination
- Spasticity     Neglect     Weakness     Low Vision     Expressive/Receptive Language
- Other: \_\_\_\_\_

**Occupational Therapy**

- Evaluation
- Functional Training
- Self Care/Environmental Controls
- Adapted Computer/Digital Access
- Adapted Access to Print

**Speech Pathology**

- AAC Speech and OT Evaluation and TX
- AAC Speech Only Evaluation and TX
- Speech Therapy

**Other:** Includes evaluation and treatment for AAC (augmentative/alternative communication) methods & acquisition of equipment, tools/strategies that are identified through the evaluation/treatment process.

**Goal(s):**  Maximize Home Function     Maximize Community Function     Other: \_\_\_\_\_

**Frequency:** \_\_\_\_\_ Times per week    **Duration:** \_\_\_\_\_ Weeks

**Precautions:** \_\_\_\_\_  None

**REQUIRED INFORMATION:**

**Physician Name** \_\_\_\_\_ **NPI#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Physician 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. The plan of care as outlined above and/or the initial evaluation report was established by the Physician, therapist or speech pathologist. The physician will periodically approve this plan and recertification will occur at least once every 10 visits or every 60 days (whichever comes first). The services provided to the patient are required.

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

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