



THERAPEUTIC PRESCHOOL OUTPATIENT
THERAPY CLINIC PRESCRIPTION

3101 Main Street | Kansas City, MO 64111 | T: 816.751.7783 | F: 816.751.7984

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

Diagnosis / Symptoms: \_\_\_\_\_

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

THERAPY NEEDS:

- Checkboxes for Gross Motor, Speech/Articulation, Ataxia, Aggression, Emotional Concerns, Fine Motor, Expressive/Receptive Language, Balance, Behavior Concerns, Other, Sensory Integration, Oral Motor, Gait Disturbance, Social Concerns.

- 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, Dysphagia Treatment, Speech Language Tx, Cognitive Eval/Treatment, Other.

- Applied Behavior Analysis: Assess & Treat, Other.

Certification: Signature below certifies that during the course of treatment as outlined above in physical therapy, occupational therapy, speech pathology and/or ABA 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.