

## Physical Therapy Prescription

Physical Therapy School Based Services are available to your patient based upon the recommendations of his or her IEP/IFSP planning committee. **Kindly review and complete this medical prescription and return it at your earliest convenience to:**

Physical Therapist: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ATTENDING SCHOOL DISTRICT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PT Services includes programming in the following areas to facilitate the acquisition of functional skills:

- |   |   |
|---|---|
| <input type="checkbox"/> Evaluation                         | <input type="checkbox"/> Gross motor/functional activities    |
| <input type="checkbox"/> Mobility                           | <input type="checkbox"/> Strengthening                        |
| <input type="checkbox"/> Weight-bearing                     | <input type="checkbox"/> Balance, posture and/or coordination |
| <input type="checkbox"/> Sensory-motor                      | <input type="checkbox"/> Equipment design and/or modification |
| <input type="checkbox"/> Positioning and/or range of motion | <input type="checkbox"/> Other: _____                         |

Contraindications and/or precautions: \_\_\_\_\_

*As appropriate, instruction will be given to educational staff and/or family.*

**TO BE FILLED OUT BY THE PHYSICIAN'S OFFICE**

**This prescription covers school based therapy for one year from date of physician's signature.**

**NOTE:** To participate in Physical Therapy School Based Services, a valid prescription MUST be signed by a physician and include the date the prescription was signed by the physician, physician's name, address, and NPI number. *Stamped signatures and prescriptions signed by a nurse practitioner or physician assistant are invalid for school based services.*

Physician's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Physician's First and Last Name: \_\_\_\_\_

Physician NPI #: \_\_\_\_\_

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