



85 Revere Drive, Suite G
Northbrook, IL 60062
P/847-498-2003 F/847-498-2018

PHYSICIAN REFERRAL FOR OCCUPATIONAL THERAPY

Child's Name:

Age:

Parents:

Birth Date:

Address:

Phone:

Diagnosis and/or Description of Disability:

Medications:

Precautions:

Referral For Occupational Therapy:

- Evaluation Re-evaluation as necessary Treatment

Description of Services:

- Therapeutic exercises to develop strength, endurance, and/or flexibility
- Myofascial release
- Joint mobilization
- Therapeutic activities to improve functional performance
- Self care training
- Wheelchair management/propulsion training
- Other: _____

Physician's Name: _____ **Phone:** _____

Physician's Signature: _____ **Date:** _____