



1700 Thomas Paine Pkwy
Centerville, OH 45458
P: 937-428-6273
F: 937-428-6274

Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for Referral:

- Physical Therapy Evaluation & Treatment
Occupational Therapy Evaluation & Treatment
Speech Therapy Evaluation & Treatment
Augmentative Alternative Communication Device Evaluation & Treatment
Feeding Therapy Evaluation & Treatment: Occupational Therapy Speech Therapy Both

Diagnosis:

- ADHD, Apraxia, Auditory Processing Disorder, Autism, Brachial Plexus Injury, Cerebral Palsy, Cochlear Implant, Communication Disorder, Cortical Visual Impairment (CVI), CVA, Delayed Milestones, Down Syndrome, Expressive/Receptive Language, Fluency Disorder, Fracture, Fragile X, Head Injury, Hearing Loss, Hemiplegia, Hypertonicity, Hypotonia, Dysphagia, Muscular Dystrophy, Neonatal Problems, OA, Orofacial Disorders/Anomalies, Pain, Pharyngeal/Laryngeal Anomalies, Post-surgical, Premature Birth, Sensory Processing, Slurred Speech, Spina Bifida, Spinal Cord Injury, Strain/Sprain, Torticollis, Vocal Fold Pathology, Voice Disorders, Other

Impairments:

- Balance/Fall Risk/Clumsy, Cognition, Coordination, Feeding and Swallowing, Fine Motor Skills, Functional Handwriting, Gait, Motor Planning, Strength/ROM, Visual Perceptual Skills, Other

Precautions:

- NPO, Weight Bearing Restrictions, Other

Physician Signature: _____ Date: _____

Physician Name (print): _____

Physician NPI Number: _____

Practice Phone Number: _____ Fax Number: _____