ST. FRANCIS
Capable Kids
a pediatric therapy center

PEDIATRIC PHYSICIANS ORDERS

PHYSICIAN ________________, ________________ CLINIC ______________________________

PATIENT'S NAME ______________________________________ DOB ______________

DATE OF ORDER __________ DIAGNOSIS (______)______________________________

PHYSICAL THERAPY	OCCUPATIONAL THERAPY	SPEECH THERAPY
☐ Evaluate & Treat	☐ Evaluate & Treat	☐ Evaluate & Treat
☐ Evaluation Only	☐ Evaluation Only	☐ Evaluation Only
☐ Hippotherapy	☐ Hippotherapy	☐ Hippotherapy
☐ Pool Therapy	☐ Continue	☐ Continue
☐ Continue		

Unless you specify <u>frequency</u> & <u>duration</u> below, they will be determined by treating therapist(s).

FREQUENCY:	☐ Up to 3x / Week ☐ ______ / Week	**FREQUENCY:**	☐ Up to 3x / Week ☐ ______ / Week	**FREQUENCY:**	☐ Up to 3x / Week ☐ ______ / Week
DURATION:	☐ Not to exceed 12 months unless specified below. ☐ ______ Months	**DURATION:**	☐ Not to exceed 12 months unless specified below. ☐ ______ Months	**DURATION:**	☐ Not to exceed 12 months unless specified below. ☐ ______ Months

☐ **PLEASE CONTACT FAMILY TO SCHEDULE FIRST APPOINTMENT.**

Parent Name(s) ______________________________ Phone ________________________

SPECIFIC ORDERS:____

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PLEASE RETURN BY <u>FAX</u> OR MAIL TO:
St. Francis Capable Kids
1661 Park Ridge Drive
Chaska MN 55318
Phone: 952/428-1265
Fax: 952/428-1266

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Physician Signature

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Therapist Signature