105 Lexington Dr. Suite H
Madison, MS 39110

HEALING HANDS
REHABILITATION SERVICES

Phone: 601-910-7300
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PEDIATRIC THERAPY PRESCRIPTION/ORDER

☐ Physical Therapy ☐ Speech Therapy ☐ Occupational Therapy

Patient Name _____ Date _____

ICD 10 Code/Description _____

Precautions _____

THERAPY NEEDS

☐ Evaluation & Treatment	☐ Positioning/Mobility	☐ Developmental Delay
☐ Developmental Delay	☐ Neuromotor Impairment	☐ Sensory Integration
☐ Feeding/Swallowing	☐ Gross Motor Delay	☐ Fine Motor Delay

SURGICAL (If applicable)

☐ Post-Surgical Evaluation & Treatment

Surgical Details: _____

Weight Bearing Status:

☐ FWB ☐ WBAT ☐ NWB ☐ TTWB ☐ Other _____

MODALITIES & PROCEDURES

☐ Therapeutic Exercises	☐ Neuromuscular Re-Education	☐ Developmental Positioning
☐ Therapeutic Activities	☐ Manual Therapy	☐ Feeding/Oral-Motor Therapy
☐ Gait/Mobility Training	☐ Sensory Integration	☐ Caregiver Education & Training
☐ Balance Training	☐ Postural Control	☐ Other _____

FREQUENCY & DURATION: _____ x Per Week x _____ Weeks

_____ At Therapist's Discretion With Routine Progress Reports

_____

Physician/Nurse Practitioner Signature

Thank you for trusting Healing Hands with your patients!