TERRIOKIDS

For your convenience, all appointments can be easily scheduled at

Phone: (661) 377-1701 Fax: (661) 616-9199

See location maps and contact information for all TERRIOKids clinics on back

Patient: _____ Patient Phone: _____

Date of Birth: _____ E-Mail: _____

Doctor: _____ Doctor Phone: _____

Diagnoses: _____ ICD Code(s): _____

Precautions: _____

Notes: _____

Please check all that apply: ☐ **Spanish Speaking**

Physical Therapy Services

☐ **PT Evaluation and Treatment**

Duration: _____ /wk X_____wks

- ☐ Autism
- ☐ Brachial Plexus Injury
- ☐ CVA
- ☐ Developmental Delay
- ☐ Joint Disorder/Arthritis
- ☐ Prematurity
- ☐ Traumatic Brain Injury
- ☐ Neuromuscular Dysfunction
- ☐ ADHD
- ☐ Cerebral Palsy
- ☐ Down Syndrome
- ☐ Gross Motor Skills
- ☐ Muscular Dystrophy
- ☐ Spina Bifida
- ☐ Torticollis
- ☐ Other: _____

Therapeutic interventions as needed:

- ☐ AROM/PROM
- ☐ Balance
- ☐ Endurance
- ☐ Flexibility
- ☐ Gait
- ☐ Mobility
- ☐ Proprioception
- ☐ Strengthening

Occupational Therapy Services

☐ **OT Evaluation and Treatment**

Duration: _____ /wk X_____wks

- ☐ Activities of Daily Living
- ☐ ADHD
- ☐ Cerebral Palsy
- ☐ Developmental Delay
- ☐ Fine Motor Skills
- ☐ Traumatic Brain Injury
- ☐ Motor Skills
- ☐ Visual-Perceptual
- ☐ Sensory Processing
- ☐ Neuromuscular Dysfunction
- ☐ Autism
- ☐ Brachial Plexus Inujury
- ☐ CVA
- ☐ Down Syndrome
- ☐ Functional Skills
- ☐ Joint Disorder/Arthristis
- ☐ Muscular Dystrophy
- ☐ Prematurity
- ☐ Spina Bifida
- ☐ Other: _____

☐ Feeding Therapy Evaluation and Treatment

Duration: _____ /wk X_____wks

- ☐ Feeding/Oral motor
- ☐ Texture/sensory

Cash Pay Programs

- ☐ Bicycle Riding Classes
- ☐ Yogi (Strength, Balance, and Flexibility)
- ☐ T.A.P. Fitness for Kids
- ☐ Handwriting Class

M.D. Signature: _____ Date: _____

It is the patient's responsibility to verify benefits with his/her insurance company.