



ADULT DAY PROGRAM PRESCRIPTION

3011 Baltimore Ave | Kansas City, MO 64108 | T: 816.751.7783 | F: 816.751.7984

Name: _____ Date of Birth: _____

Primary Diagnosis: _____

Phone(H): _____ Phone (other): _____

THERAPY NEEDS:

- Checkboxes for L. Hemi, R. Hemi, Gait, Balance, Coordination, Cognition, Memory, Aphasia, Dysarthria, Vision, Ataxia, Neglect, Functional Mobility, and Other.

Physical Therapy

- Checkboxes for Physical Therapy services: Evaluation, Transfers, Ambulation, Balance, Strengthening/Endurance, Coordination, Orthotics, Prosthetics, Biofeedback, Soft Tissue Massage, E-Stim, FES, Desensitization, ROM, Wheelchair Evaluation, Power, Manual, Seating Assessment, and Other.

Occupational Therapy

- Checkboxes for Occupational Therapy services: Evaluation, ADL/IADL, Orthotics, Prosthetics, Vision, Home Management/Child Care, Soft Tissue Massage, E-Stim, Desensitization, ROM, Strengthening, Casting/Serial, Driving Evaluation, and Other.

Speech Therapy

- Checkboxes for Speech Therapy services: Evaluation, Cognition, Communication, Oral Motor Function, Swallowing, Augmentative Communication, and Other.

Precautions

- Checkboxes for Precautions: None, Anticoagulation, Safety, Swallow, Seizure, Orthostasis, Diabetic, Cardiac, Sensory Deficit, Weight Bearing, Range of Motion, and Other.

Psychology/Social Work

- Checkboxes for Psychology/Social Work services: Screen, Competency Evaluation, Neuropsych. Evaluation, Adjustment Counseling, Group Counseling, Family Counseling, Behavior Management, Relaxation/Pain Management, Social Skills, and Other.

Goal(s): Maximize Home Function, Maximize Community Function, or Other.

Frequency: _____ Times per week Duration: _____ Weeks

Precautions: _____ None

Certification: Signature below certifies that during the course of treatment as outlined above in occupational or speech therapy that the patient will be under the care of the ordering physician.

Physician's Name: _____

M.D. or D.O's Signature ONLY* _____ Date: _____

NPI# _____

*Our licensing regulations require that only M.D. or D.O can sign therapy orders.