The Children's Hospital of San Antonio™
CHRISTUS Health

Baylor College of Medicine

Prescription for Outpatient Rehabilitation Services

Patient Information

Patient Name: _____

Phone Number: _____ Alternate Number: _____

Date of Birth (mm/dd/yyyy): _____ Authorization Number: _____

Diagnosis (ICD-10 with narrative description): _____

_____

Precautions: _____

_____

_____

Occupational Therapy Evaluation and Treatment

- ☐ Visual Motor Skills
- ☐ Grasping Items
- ☐ Age-Appropriate Play
- ☐ Handwriting
- ☐ Coordination
- ☐ Activities of Daily Living
- ☐ Attention
- ☐ Postural Instability
- ☐ Sensory Issues
- ☐ Motor Planning
- ☐ Decreased Range of Motion
- ☐ As Indicated by OT
- ☐ Other: _____

_____

Physical Therapy Evaluation and Treatment

- ☐ Strengthening
- ☐ Developmental Skills
- ☐ Neuromuscular Re-education
- ☐ Vestibular Rehab
- ☐ Endurance Training
- ☐ Gait/Balance Training
- ☐ PROM/AAROM/AROM
- ☐ Manual Therapy
- ☐ Functional Mobility
- ☐ HEP
- ☐ Equipment Assessments/Training
- ☐ As indicated by PT
- ☐ Other: _____

_____

Speech Therapy Evaluation and Treatment

- ☐ Evaluation and Treatment of Speech Sound Production Only
- ☐ Evaluation and Treatment of Speech Sound Production with Language Comprehension and Expression
- ☐ Evaluation and Treatment of Oral and Pharyngeal Swallowing Function
- ☐ Modified Barium Swallow Study Evaluation (Downtown only)
- ☐ Evaluation and Treatment of Speech Sound production, Language Comprehension and Expression, and Oral and Pharyngeal Swallowing Function
- ☐ Hearing Rehabilitation/Hearing Habilitation
- ☐ As Indicated by ST
- ☐ Other: _____

Evaluate and treat as indicated for: _____ visits per week for: _____ weeks/months.

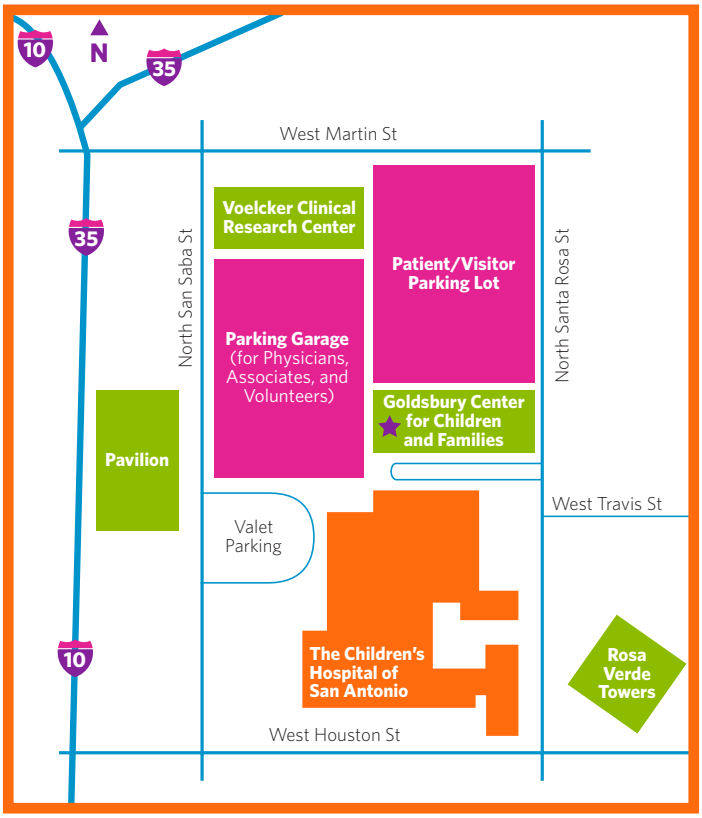
I certify the prescribed treatment is an appropriate course of treatment and the services prescribed are medically necessary.

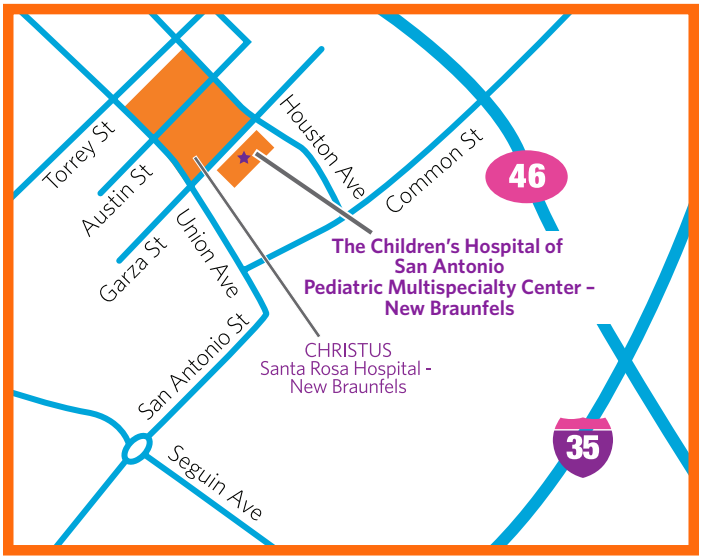
Physician Signature: _____ Date: _____ Time: _____

Physician Name (Print): _____ Fax #: _____

OVER FOR LOCATIONS >

Outpatient Rehabilitation Services Locations





☐ **Children's Hospital Outpatient Rehab Clinic - Downtown**

Center for Children and Families, Suite 1615 (First Floor)

333 North Santa Rosa Street, San Antonio, Texas 78207

P: 210.704.3760 F: 210.704.3765

☐ **Pediatric Multispecialty Center - New Braunfels**

598 N Union Avenue, Suit 230, New Braunfels, Texas 78130

P: 830.643.5242 F: 830.643.5254

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Updated 10/26/2020