

Out-patient Rehabilitation Information

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

Name of child:	Birth date:
Home address:	Phone:
Parent/Guardian:	Home/Work phone:

I. Therapy Information

Include copies of the following information in your notebook

<input type="checkbox"/> Occupational, physical, and speech therapy evaluation reports
<input type="checkbox"/> Current therapy goals
<input type="checkbox"/> Therapy recommendations
<input type="checkbox"/> Prescriptions for therapies

Additional Information

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II. Neuropsychological Evaluations

Include copies of the following information in your notebook

<input type="checkbox"/> Previous reports
<input type="checkbox"/> Current evaluation summaries
<input type="checkbox"/> Evaluation recommendations

Additional Information

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