

Polka Dot Kids LLC

Pediatric Therapy
36 S. Richards Run Suite C
Springboro, OH 45066
P: 513-930-0224
F: +1 (216) 295-4804



Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone number: _____

Reason for Referral:

Occupational Therapy Evaluation and Treatment

Feeding Therapy Evaluation and Treatment

Diagnosis:

Additional Diagnoses:

Impairments:

<input type="checkbox"/> Balance/Fall Risk	<input type="checkbox"/> Feeding	<input type="checkbox"/> ROM
<input type="checkbox"/> Cognition	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other:
<input type="checkbox"/> Coordination	<input type="checkbox"/> Strength	

Precautions:

Seizures

NPO

Weight Bearing Restrictions _____

Other: _____

Physician Signature: _____ Date: _____

Physician Name (print): _____

Physician NPI Number: _____

Practice Phone Number: _____ Fax: _____