PHYSICIAN'S REFERRAL FOR OCCUPATIONAL and/or PHYSICAL THERAPY
2024-2025 School Year

Student Name: _____ DOB: _____ Student ID: _____

Parent/Legal Guardian(s): _____ Phone: _____

Address: _____ School: _____

Email: _____

Based on the Student's IEP, services requested for the student are recommended for ___ OT and/or __ PT to address problems related to:

___Muscle Strength	___Transfers	___Motor Skill Development
___Range of Motion	___Ambulation	___Independent Living Skills
___Splinting	___Perceptual Motor Skills	___Adaptive Equipment
___Posture/Positioning	___Sensory Processing	Other: _____

TO BE COMPLETED BY PARENT

Please provide the name, address, and/or phone numbers of therapists, physicians or outside agencies that serve your child to give us a more complete picture of support your child receives. If we have a release of information on file, we may contact your provider for additional information needed related to therapy services.

PROVIDER/AGENCY	PHONE #	ADDRESS

TO BE COMPLETED BY PHYSICIAN

This is necessary for implementation of intervention services by the Occupational Therapist and/or the Physical Therapist within the school setting.

PHYSICIAN NAME: ***Practice:***

Address: ***City:***

Zip Code: ***Phone:***

This information will assist with educational planning and is not intended to replace additional therapy you may prescribe for medical purposes.

Diagnosis: _____ **Medications:** _____

Precautions: _____

Significant History: _____

Physician's Comments: _____

I authorize the initiation or continuation of the OT and/or PT Program per IEP recommendations.

Physician's Signature **Physician's NPI#** **Date**

Please return form to:

Angelica Edwards
Student Services Department
Indian Prairie School District # 204
780 Shoreline Drive Aurora, IL 60504

(Office) 630.375.3067
(Fax) 630.375.3068
angelica_edwards@ipsd.org

INDIAN PRAIRIE
SCHOOL DISTRICT 204

Dear Parent/Guardian and Physician,

In order to provide your student with the best possible care, a signed physician's prescription designating occupational therapy and/or physical therapy, is being requested by the school district. Your child is eligible for these services per their current IEP or 504 Plan. Based on the Illinois Physical Therapy Act [225 ILCS 90 (eff. January 1, 2022)], your child's physical therapy within the school setting will be limited if the therapist does not have the ability to communicate effectively with your child's physician. A prescription **with a medical diagnosis, signed and dated** by your child's physician also provides the therapists with information that can impact your child's programming (such as precautions and contraindications for intervention). The referral is valid only for one school year (2023-2024) and a new referral will need to be on file with the district each school year**.** If you have questions, please contact the occupational therapist or physical therapist at your child's school. Thank you for your cooperation in this matter.

If you have already been in contact with your physician's office and/or the school district to resolve this matter, please disregard this notice.

Attached is the Physician's Prescription Form for Occupational Therapy and/or Physical Therapy for the **2024-2025** school year. Please complete the following:

- Check student and parent information for accuracy.
- Enter names and phone numbers of therapists, physicians, or outside agencies that serve your child.
- Have your child's physician fill out the lower portion of the prescription completely with diagnosis and NPI number.
- Please be aware that a signature without a date is not a valid prescription.

Return the completed prescription to:

Angelica Edwards
Student Service Department
Indian Prairie School District #204
780 Shoreline Drive
Aurora, IL 60504

Fax#630-375-3068

Sincerely,

Occupational Therapy and Physical Therapy Department
Indian Prairie School District #204