

School Year _____
School Placement _____
Initial Evaluation _____
Continued Services _____

BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES
1122 N. Lebanon Street
Lebanon, IN 46052

765-483-3090

800-423-5107

FAX: 765-483-3087

PHYSICIAN'S REFERRAL FOR PHYSICAL THERAPY

I, Dr _____ refer this child _____ for
Physician's Name Student's Name

physical therapy.

Pertinent history of the child:

Diagnosis:

Diagnosis code: _____

Any recommended restrictions:

Physician's Signature _____ Date _____

Physician's Phone _____

Parent's Signature _____ Date _____

Parent's Phone _____

Return to: CODA Secretary
Boone-Clinton-North West Hendricks
Joint Services
1122 N. Lebanon Street
Lebanon, IN 46052