

Pediatric Therapy Services

Occupational Therapy • Physical Therapy • Speech-Language Pathology

Name _____

Date _____

Diagnosis _____

Onset date _____

Treatment Plan [*check appropriate item(s)*]

- Evaluate and treat
- Neurodevelopmental evaluation
- Neurodevelopmental treatment
- Speech and language evaluation and treatment
- Feeding evaluation and treatment
- Orthopedic evaluation and treatment
- Gait evaluation and treatment
- Treatment as prescribed below:

Precautions: _____

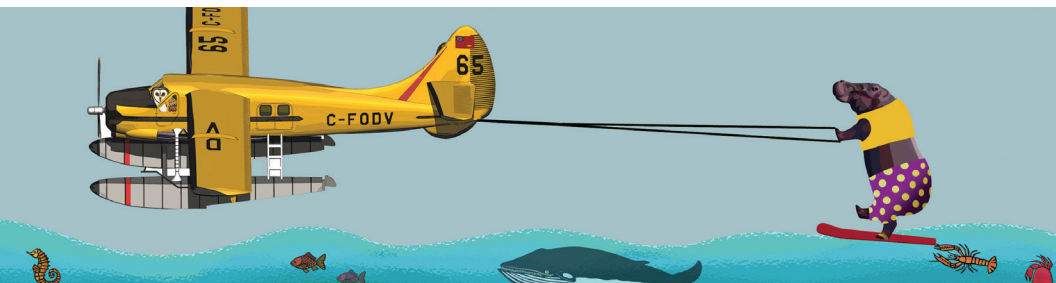
Contraindications: _____

Remarks: _____

Physician name: _____

Physician signature: _____

(see map on reverse)



Location



PEDIATRIC THERAPY SERVICES

747 Broadway, 6th Floor West

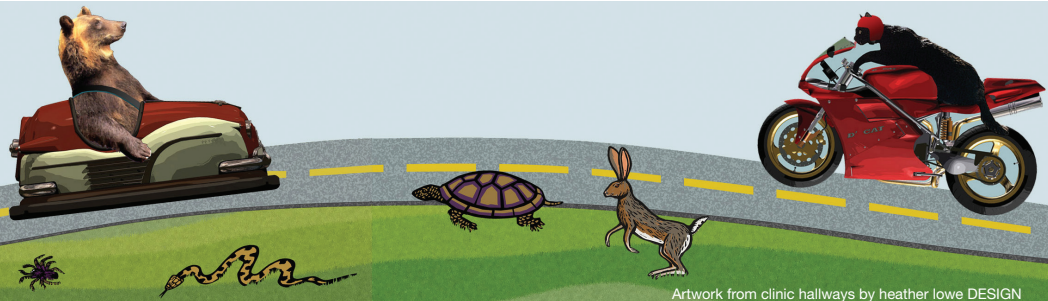
Seattle, WA 98122

T 206-386-3592

F 206-386-6657

www.swedish.org

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Artwork from clinic hallways by heather lowe DESIGN