Ionia County Intermediate School District
2191 Harwood Road, Ionia, MI 48846 ● (616) 527-4900 ● Fax (616) 527-4731

Prescription for Physical and/or Occupational Therapy

Student Name: _____ Physician: _____
Date of Birth: _____ Address: _____
Educational Diagnosis: _____ City: _____, MI ZIP: _____
Physical Therapist: _____ Occupational Therapist: _____

Proposed Treatment (Effective:_____)

Physical Therapy		Occupational Therapy	
☐	Gross Motor Skills	☐	Fine Motor Skills
☐	Range of Motion/Stretching	☐	Activities of Daily Living
☐	Gait Training	☐	Feeding/Eating
☐	Mobility and Transfers	☐	Sensory Motor
☐	Muscle Strengthening	☐	Visual Perceptual Skills
☐	Other: _____	☐	Other: _____

Comments : _____ Comments: _____

Physical Therapist: _____ Occupational Therapist: _____
(Signature) (Signature)

Physician Authorization

This prescription is valid for up to one year and may include assistive technology device services as necessary.

Precautions/Comments: _____

_____

Physician Signature: _____ Date: _____

NPI#: _____ Are you enrolled as a Medicaid Provider? ☐ Yes ☐ No

Please return to:
Terri Thomas
Ionia County Intermediate School District
2191 Harwood Rd
Ionia, MI 48846