



**RIVER  
FOREST  
PUBLIC  
SCHOOLS**

**Administration Building  
7776 Lake Street  
River Forest, Illinois 60305  
708-771-8282  
Fax 708-771-8291**

**OCCUPATIONAL THERAPY/PHYSICAL THERAPY PRESCRIPTION FORM**

Please return to therapist: \_\_\_\_\_  
 School: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic/Med. rec number: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Address: \_\_\_\_\_

\*Diagnosis \_\_\_\_\_

\*Contraindications/Precautions: \_\_\_\_\_

\*Please check additional information (and comment) where applicable. Reverse side may be used if additional space is needed.

( ) Surgical procedures performed \_\_\_\_\_

( ) Diabetes ( ) Cardiopulmonary \_\_\_\_\_

( ) Osteoporosis ( ) Seizure disorder \_\_\_\_\_

( ) Bowel / bladder disorder \_\_\_\_\_

( ) Medications \_\_\_\_\_

( ) Other (i.e., auditory, visual, etc.)

Comments by therapist:

\*Physician's orders:

\_\_\_\_\_  
 \*M.D. Signature Phone Date