Midwestern Intermediate Unit IV
453 Maple Street • Grove City, Pennsylvania 16127-2399

Physical Therapy Services
Medical Authorization Form

Date: _____

Name: _____ Birth Date: _____

Parent: _____ Grade/Program: _____

Address: _____ School: _____

Phone: _____ Home District: _____

Diagnosis _____

To The Physician:
It has been determined that this student needs Physical Therapy to benefit from his/her educational program. All activities are designed specifically to meet the student's individualized educational goals/objectives. A physician's authorization is required prior to service implementation. The student's educational program is reviewed annually. The student receives educationally relevant therapy through direct treatment and/or classroom consultation.

_____
MIU IV Physical Therapist

Therapeutic Activities:

- ❑ Motor Skills
- ❑ Balance & Coordination
- ❑ Gait Training
- ❑ Functional Mobility/Transfers
- ❑ Adaptation of Equipment/Materials
- ❑ Visual Perceptual/Motor
- ❑ Positioning Program
- ❑ Postural Control/Balance
- ❑ Standing Program
- ❑ Strengthening
- ❑ Range of Motion
- ❑ Sensory Activities

FREQUENCY _____

Therapist Comments:

_____

_____

Physician, please complete the following questions, sign and return:

- ❑ I ***approve*** the above services
- ❑ I ***do not*** recommend PT services in the school
- ❑ Special precautions/contradictions _____

_____

- ❑ Additional comments/recommendations _____

_____

Return To:
Name: _____
FAX: 724-458-4468

Midwestern Intermediate Unit IV
453 Maple Street
Grove City, PA 16127

Physician:

_____
Physician Signature

Printed Name: _____
Address: _____

_____
Date: _____

Revised for 2009/2010
Reviewed for 2011/2012