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ARCHBISHOP DAMIANO SCHOOL

Making a difference in the lives of our students

PHYSICIAN'S INFORMATION REGARDING PHYSICAL THERAPY

Only complete if your child receives physical therapy in school

SCHOOL YEAR 2021 - 2022

PHYSICAL THERAPY is an integral part of our school programs. If you child's IEP calls for physical therapy, it would assist our physical therapists if your child's doctor complete the following information. Please take or mail this form to your child's physician and return it to school. The school requests an update each new school year beginning in July. Thank you for your assistance.

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{To be completed by physician}:

PHYSICAL THERAPY PRESCRIPTION

Dear Physician:

Please complete the form below, so this child may begin receiving physical therapy. A copy of the evaluation and treatment goals will be forwarded upon completion.

Student's name: _____

Diagnosis: _____

orthopedic or
medical

contraindications: _____

Pertinent
medical information: _____

I hereby give my approval for the above named student to receive physical therapy.

Physician's Signature: _____

_____ Date

Physician's Name

PRINTED: _____

Address: _____

(Telephone Number) _____