Kid At Heart Therapy, LLC
520 Butternut Dr. Ste. 8
PMB # 224
Holland, MI 49424

Kid at Heart Therapy

Providing Pediatric In-Home Therapy Services

Phone (616) 510-1267
Fax (616) 399-4387

www.KidAtHeartTherapy.com

Patient Name ____

Date of Birth ____

Diagnosis (please list all that may apply) ____________________
____

Parent/Guardian ____

Phone ____

Precautions ____

Insurance ____

Services &Treatment	**Frequency & Duration**
☐ Physical Therapy Evaluate & Treat __ per discretion of therapist __ other:	☐ treat PRN per discretion of therapist ☐ treat ____ x/week for ____ weeks ☐ treat for ____ visits ☐ other:
☐ Occupational Therapy Evaluate & Treat __ per discretion of therapist __ other:	☐ treat PRN per discretion of therapist ☐ treat ____ x/week for ____ weeks ☐ treat for ____ visits ☐ other:
☐ Speech Therapy Evaluate & Treat __ speech & language __ per discretion of therapist __ swallowing/feeding __ other :	☐ treat PRN per discretion of therapist ☐ treat ____ x/week for ____ weeks ☐ treat for ____ visits ☐ other:

I certify that this patient is under my care and that treatment is medically necessary.

Physician's signature ____ Date ____________________

Physician's printed name ____

★ **Please fax demographic face sheet and copy of insurance card along with script to 616-399-4387. THANK YOU!**