



26865 Interstate Hwy 45  
 Suite 300  
 The Woodlands, TX 77380  
 Phone: (281) 292-4800  
 Fax: (281) 292-9588

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

**Occupational Therapy**

- Fine Motor Coordination/Dexterity
- Eye hand Coordination
- Endurance/Strengthening
- Handwriting/Scissor Skills
- Motor Planning/Praxis
- Oral Motor/Feeding
- Infants with Poor Sucking
- Children with Food Texture Issues
- Delayed Development in Infancy
- Attention/Focusing/Direction Following
- Sensory Defensiveness/Tactile
- Body Awareness/Position in Space
- Sensory Processing
- Sensory Diets
- Social Interaction
- Dressing and other ADL's
- Torticollis
- Trunk Control/Pressure

**Physical Therapy**

- Rolling and Crawling
- Independent Sitting
- Walking/Gait Training
- Stair Climbing
- Endurance/Strengthening
- Stretching/Myofascial Release
- Gross Motor Delay
- Facilitate Normal Tone
- Kinesiotaping/Inhibitive Casting
- Torticollis
- Joint Range of Motion
- Cruising/Standing
- Functional Mobility
- Running, Jumping, Skipping
- Ball Skills
- Toe Walking
- Balance/Coordination
- Rehab Post-Orthopedic Surgery
- Rehab Post-Closed Head Injury

**Speech Therapy**

- Articulation/Phonology
- Fluency/Stuttering
- Receptive Language
- Expressive Language
- Voice Therapy
- Auditory Processing
- Oral Motor Therapy
- Swallowing/Dysphagia
- Assistive Technology
- Phonemic Awareness
- Sign Language
- Cognitive and Academic Skills

**Frequency/Duration**     Daily     3x/week     2x/week    For \_\_\_\_\_ weeks

Evaluate and treat

Special Instructions: \_\_\_\_\_

Return to Doctor on: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**We will gladly take care of scheduling and insurance verification. Please fax this referral with insurance information to the number above.**

