



### Physical Therapy Prescription for School-based Services

Student's Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Educational Eligibility: \_\_\_\_\_

In order for students to receive school-based physical therapy services, documentation of a medically based condition must be current with Northwest Education Services. The condition must interfere with the student's ability to function effectively in his/her educational program. Therapy services in the schools are based on education relevance and need, and are determined by the Individualized Education Planning Team (IEPT).

I authorize the use of telefax, photocopy, and e-mail of this physical therapy prescription documentation. I understand that this authorization, except for action already taken, may be voided by me at any time. Notification to revoke consent must be in writing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### FOLLOWING TO BE COMPLETED BY STUDENT'S PHYSICIAN

This prescription is valid for **one year from signature date of physician** for treatment as indicated by the current IEP.

Medical Diagnosis: \_\_\_\_\_

Physical Therapy services

\_\_\_\_\_ Physical Therapy services with the following modifications: \_\_\_\_\_

\_\_\_\_\_ I disagree with the therapist's recommendations and would like a conference.

**This form must be signed by a physician.** The Medicaid School-based State Plan states only physicians may sign physical therapy prescriptions for school-based services. **Nurse practitioner, PA, PAC, etc. signatures are not accepted.**

\_\_\_\_\_  
Physician's Signature (must be an original signature, must be signed by a physician)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Specialty Area

\_\_\_\_\_  
Referring Physician's NPI Number (State Required)

\_\_\_\_\_  
Medicaid Identification Number

#### FOR OFFICE USE ONLY

Date Received	Date Entered	Date Scanned	UIC #