

Park School
School District #65
Services Department

828 Main Street
Evanston, IL 60201 Special
Phone: 847-424-2300
Fax: 847-492-7962

PHYSICIAN REFERRAL FOR SERVICE

Date:
Student:
DOB:
School: Park School

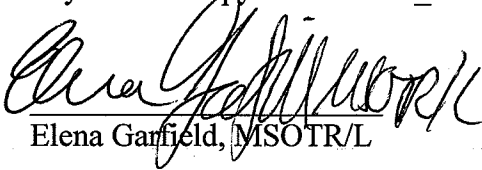
1st Request: _
2nd Request: _
3rd Request: _

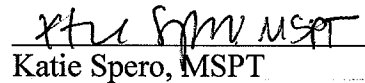
Illinois State Board of Education regulations require that a physician's referral be on file in order for a student to receive treatment. Services cannot be provided until this referral for service has been received.

PROGRAM RECOMMENDATIONS:

Occupational Therapy: _ recommended _ not recommended

Physical Therapy: _ recommended _ not recommended


Elena Garfield, MSOTR/L


Katie Spero, MSPT

PHYSICIAN'S RECOMMENDATIONS:

Diagnosis: _____

Current Medication: _____

Special orders and/or precautions: _____

_____ may may not receive treatment as described.

Student's name

Physician's Name (please print)

Physician's Signature

Date

Return Promptly to: Occupational/Physical Therapy
Park School
828 Main Street
Evanston, Illinois 60202
Fax: 847-492-7962