

Rehabilitation Prescription

Patient Name: _____

Patient Phone: _____ Date: _____

Diagnosis: _____

- SPEECH THERAPY**
- Articulation Disorder
 - Language Disorder
 - Voice Disorder
 - Fluency Disorder
 - Augmentative Communication Evaluation
 - Feeding/Oral Aversion

- PHYSICAL THERAPY**
- Stretching/ROM
 - Gait Training
 - Wheelchair Evaluation
 - Therapeutic Exercise
 - Torticollis

- OCCUPATIONAL THERAPY**
- Stretching/ROM
 - Therapeutic Exercise
 - Fine Motor Delay
 - Feeding/ADL skills

- OTHER/ADAPTIVE EQUIPMENT**

Other: _____

Precautions and/or Instructions: _____

Referring Physician Name (print): _____

Physician Signature: _____ Date: _____

NPI #: _____ Phone: _____



Southeastern Therapy for Kids clinic locations

Southside

Great Neck

1157 First Colonial Rd.
Suite 201
Virginia Beach, VA 23454
757-481-0052
fax: 757-481-1099

Kempsville

5301 Providence Rd.
Suite 90
Virginia Beach, VA 23464
757-467-1900
fax: 757-467-7900

General Booth

2117 McComas Way
Suite 105
Virginia Beach, VA 23456
757-427-5505
fax: 757-427-5503

Granby

3509 Granby Street
Suite B
Norfolk, VA 23504
757-423-8885
fax: 757-423-8886

Haygood

4668 Pembroke Blvd.
Suite 115
Virginia Beach, VA 23455
757-648-8562
fax: 757-648-8564

Chesapeake

680 Kingsborough Square
Suite B
Chesapeake, VA 23320
757-547-0434
fax: 757-547-0625

Peninsula

Oyster Point

41 Old Oyster Point Road
Suite E
Newport News, VA 23602
757-223-1466
fax: 757-223-1467