



Part of the **ivyrehab** NETWORK

Patient Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Parent/Legal Guardian Phone: _____

Diagnosis: ___ Autism ___ Concussion ___ Feeding ___ Scoliosis ___ Torticollis ___ Other

Evaluate & Treat: _____ OT _____ PT _____ SLT

Times per week: _____ Number of weeks: _____

OCCUPATIONAL THERAPY

- | | | |
|---|---|--|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Executive Function | <input type="checkbox"/> Visual Motor Skills |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Behavioral/Social Skills | <input type="checkbox"/> Sensory Integration & Processing | |

PHYSICAL THERAPY

- | | | |
|---|--|--|
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Pelvic Floor | <input type="checkbox"/> Strength & Flexibility |
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Post-Fracture/Sprain/Strain | <input type="checkbox"/> Vestibular Balance & Coordination |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Serial Casting | <input type="checkbox"/> Other: _____ |

SPEECH THERAPY

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Augmentative & Alternative Communication | <input type="checkbox"/> Oral-Motor/Infant Feeding | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Fluency (stuttering/cluttering) | <input type="checkbox"/> Receptive & Expressive Language | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech Sound Production | |

Precautions and/or Instructions: _____

Medical Provider Name (printed): _____ NPI#: _____

Medical Provider Signature: _____ Date: _____

I hereby certify that this is medically necessary for the patient's plan of care

Visit ivyrehab.com/sora for more information

Our Convenient Locations



Andover

1891 Station Pkwy. NW
Andover, MN 55304
T: 763-755-4275 | F: 763-755-4261

Blaine

10611 Baltimore St. NE #200
Blaine, MN 55449
T: 763-755-4275 | F: 763-755-4261

Chanhassen

2649 W. 78th St.
Chanhassen, MN 55317
T: 763-755-4275 | F: 763-755-4261

Maple Grove

11100 86th Ave. N
Maple Grove, MN 55369
T: 763-755-4275 | F: 763-755-4261

Otsego

15590 90th St. NE
Otsego, MN 55330
T: 763-755-4275 | F: 763-755-4261

St. Cloud - New Clinic

3601 18th Street South, Ste. 101
St. Cloud, MN 56301
T: 320-227-4794 | F: 320-245-8235

St. Louis Park

4301 Highway 7, Ste. 155
St. Louis Park, MN 55416
T: 763-755-4275 | F: 763-755-4261

Woodbury - New Clinic

1505 Queens Dr., Ste. 101
Woodbury, MN 55125
T: 651-294-6822 | F: 651-212-4336

Visit [IvyRehab.com/sora](https://www.IvyRehab.com/sora)
or scan the QR code
to learn more

