THERA TREE
PEDIATRIC THERAPY SERVICES
Phone: (270) 688-8449
Fax: (270) 240-4840
Email: newpatients@theratreepeds.com

Physician Order

Patient Name: _____ Date of Birth: _____

1 Insurance: _____ ID:_____

2 Insurance: _____ ID:_____

Parent/Caregiver: _____ Phone: _____

Email: _____

Patient contact info/demographics included: ☐-Yes ☐-No

Is a translator needed? ☐-No ☐-Yes, Language: _____

☑ SERVICE

☐-Occupational Therapy: Evaluation and Treatment
☐-Speech Therapy: Evaluation and Treatment
☐-Physical Therapy: Evaluation and Treatment
☐-Applied Behavior Analysis Therapy (ABA): Evaluation and Treatment
☐-Mental Health Therapy (Counseling): Evaluation and Treatment
☐-Psychological Diagnostic Evaluation: ☐-Autism ☐-ADHD ☐-Other: _____

☑ LOCATION:

☐-Owensboro: 2605 New Hartford Rd, KY 42303
☐-Henderson: 110 N Water St Suite B, KY 42420

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Physician Name:_____ Facility:_____

Phone:_____ Fax:_____

Physician Signature: _____ Date: _____