

**KIDSENSE**  
**Pediatric Therapy Center**  
315 Oak St. Suite 200, Hood River, OR 97031  
Phone: (541)386-0009  
Fax: (541)386-0029

**THERAPY INFORMATION AND PRESCRIPTION**

Client: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Speech-Language Therapy \_\_\_\_\_

Massage Therapy \_\_\_\_\_

Treatment Diagnosis / Medical Necessity:

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

Comments/precautions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Prescription

\_\_\_\_\_  
Name of Physician type or print

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
NPI #