IT'S ABILITY
Pediatric Physical Therapy

134 Hall Street, Unit 1
Concord, NH 03301-3470
603-224-4540 Fax: 603-228-7384 e-mail: pediatricptinc@itsabilitypt.com

Physical Therapy Information

Child's Last Name: _____ First Name:_____ DOB:___/___/___

Home Address:_____ City/State:_____ Zip:_____

Parent/Guardian:_____ Phone: (H)_____ (W)_____

Child's Diagnosis:_____ Date of Diagnosis:_____

Pediatrician:_____ Phone:_____

Specialists (Orthopedic, Neurologist, etc):

Name:_____ Phone:_____

Name:_____ Phone:_____

Additional Information

Related Surgical History:_____

Current Out-Patient Therapy Providers:_____

What would you like physical therapy to help your child accomplish this school year?

_____

Additional Helpful Information:_____

PERMISSION

I give permission for Pediatric Physical Therapy, Inc (PPT) to release information about my child's physical therapy program to my child's doctors and school program.
I authorize PPT to provide physical therapy services as described within the Individual Education Plan, as written for the current school year.

Parent/Guardian Signature:_____ Date:___/___/___