



Access Rehab Centers

A Waterbury Hospital & Easter Seals Partnership in Physical Rehabilitation

PEDIATRIC SERVICES



Name: _____ Date: _____

Diagnosis: _____

Parent Name: _____ Phone: _____

EVALUATE & TREAT PT OT SPEECH

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> FUNCTIONAL ACTIVITIES | <input type="checkbox"/> COGNITIVE RETRAINING |
| <input type="checkbox"/> FINE MOTOR COORDINATION | <input type="checkbox"/> NEUROMOTOR RE-EDUCATION |
| <input type="checkbox"/> GROSS MOTOR COORDINATION | <input type="checkbox"/> ORAL MOTOR / FEEDING |
| <input type="checkbox"/> VISUAL MOTOR/PERCEPTUAL SKILLS | <input type="checkbox"/> HOME EXERCISE PROGRAM |
| <input type="checkbox"/> GAIT TRAINING | <input type="checkbox"/> WHEELCHAIR ASSESSMENT |
| <input type="checkbox"/> BALANCE | <input type="checkbox"/> ADAPTIVE EQUIPMENT |
| <input type="checkbox"/> STRENGTHENING | <input type="checkbox"/> ADLS (Activities of Daily Living) |
| <input type="checkbox"/> ROM (PROM, AAROM, AROM) | <input type="checkbox"/> SPLINTING |
| <input type="checkbox"/> MYOFASCIAL RELEASE | <input type="checkbox"/> BRACING |
| <input type="checkbox"/> ULTRASOUND (Older Children) | <input type="checkbox"/> JOINT MOBILIZATION |
| <input type="checkbox"/> HEAT / COLD | <input type="checkbox"/> ELECTRIC STIMULATION |
| <input type="checkbox"/> SENSORY INTEGRATION | <input type="checkbox"/> AQUATICS |
| <input type="checkbox"/> OTHER _____ | |

SPEECH THERAPY

- | | |
|-------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> ARTICULATION/PHONOLOGICAL DISORDER | |
| <input type="checkbox"/> LANGUAGE PROBLEMS | <input type="checkbox"/> STUTTERING |
| <input type="checkbox"/> ORAL MOTOR/SWALLOWING | <input type="checkbox"/> HOME EXERCISE PROGRAM |
| <input type="checkbox"/> OTHER _____ | |

COMMENTS: _____

FREQUENCY: 1 2 3 4 5 /Week DURATION: _____ WEEKS

_____ M.D.

_____ M.D. Printed Name

22 Tompkins Street, Waterbury, CT 06708 * (203) 419-0381 * Fax (203) 419-0389
1625 Straits Turnpike, Middlebury, CT 06762 * (203) 598-0400 * Fax (203) 598-0852
Aquatic Therapy available at: 715 Lakewood Road, Waterbury, CT 06704
(203) 759-1122 * Fax (203) 596-9882