



MEDICAL CLEARANCE REQUEST

CAREGIVER INFORMATION

If your child requires hospitalization or a visit to urgent care/ER due to surgery, has broken or fractured bones, or physical injury, or undergoes any procedure or treatment that requires the use of anesthesia, even if on an outpatient basis, a written medical clearance from your child's doctor will be needed before they may return to therapy. The doctor must specify your child's clearance or restrictions to participate in physical activities. For your convenience, the doctor may use the form below.

PROVIDER INFORMATION AND RECOMMENDATIONS

Sandia Sunrise Therapy currently treats the patient listed below and needs medical clearance to resume therapy services. By signing this document, you hereby state the patient can resume therapy. Indicate any restrictions the patient has following their medical procedure. Return this signed document via fax or to the caregiver at your earliest convenience. If you have any questions, contact our business office.

Patient Name: _____ Date of Birth: _____

Reason for Hospitalization/Procedure: _____

May Return to Therapy On: _____

SPEECH THERAPY

_____ Full Activity

_____ With Limitations (specify below)

OCCUPATIONAL THERAPY

_____ Full Activity

_____ With Limitations (specify below)



PHYSICAL THERAPY

_____ Full Activity

_____ With Limitations (specify below)

Comments, Recommendations, & Restrictions: _____

If returning with limitations, can return to full activity on: _____

Physician Name: _____

Contact Number: _____

Physician Signature: _____

Physician License #: _____

Date: _____

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