

BOONE CLINTON JOINT SERVICES

125 Lakeshore Drive
Lebanon, IN 46052

Madeline Sandberg
Director of Exceptional Needs

Office: 765-483-3090
Toll Free: 800-423-5107
Fax: 765-483-3087

William Robinson
Assistant Director of Exceptional Needs

PHYSICAL THERAPY SERVICES REFERRAL AND AUTHORIZATION

To be completed by a licensed Physician (**M.D.** or **D.O.**) or other referral Practitioner identified in the PT practice act, Indiana Code§ 25-27-1-2(b). (See [ToolKit](#) Section 2.8.1.b.)

Student Name: _____ Date of Birth: _____

Corporation: _____ School year: _____

I, Dr. _____, refer the above-named child for physical therapy.
(physician name)

Pertinent history of the child:

Diagnosis:

Diagnosis Code:

Any recommended restrictions:

Physician's signature _____ Date: _____

Physician's phone _____

National Provider Identifier **(NPI#)**: _____

Return to Boone Clinton Joint Services via fax@ 317-483-3087 or to

PARTICIPATING SCHOOL CORPORATIONS

Clinton Central School Corporation • Clinton Prairie School Corporation
Lebanon Community School Corporation • Rossville Consolidated School District
Western Boone County Community School Corporation