

NEURODIVERSITY-AFFIRMING CARE FOR NEURODIVERGENT ADULTS

"Embrace Your Own Life Path. We're Here to Help."



Physician Name:

Physician NPI:

Patient's Name: _____ **Date of Birth :** _____

Relevant Diagnosis/es:

Treatment Rationale:

To increase independence and safety with daily activities in home and in the community.

Occupational Therapy Concerns

- ADLs
- Medication or health management
- Sensory processing
- Executive dysfunction
- Coordination
- Workplace restrictions/ergonomics
- Memory, safety, planning, or organization
- Home management
- Home safety assessment
- Other:

Physical Therapy Concerns

- Gait instability/Fall risk
- Generalized weakness
- Post-surgical rehab
- Balance & coordination
- Limited range of motion
- Chronic pain
- Joint pain/stiffness
- Postural concerns
- Vestibular dysfunction
- Other:

OT Treatment Ordered:

- OT evaluation and treatment
- OT continuation of plan of care

PT Treatment Ordered:

- PT evaluation and treatment
- OT continuation of plan of care

Additional notes:

Physician Signature | Date

Phone: (734) 999-0209

Fax: (844) 440-2397

www.divergecommunity.com

info@divergecommunity.com