**Sanilac County Community Mental Health Authority**

**Prescription for OT/PT Professional Assessment**

**PART I: Approval for Evaluation**

***\*\*EVALUATION MUST BE COMPLETED WITHIN 30 DAYS OF APPROVAL\*\****

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| Name: Name. | Date of Request: Click here to enter a date. | |
| Case #: Case Number. | Assessment Ordered: OT Assessment  PT Assessment | |
| Diagnosis: Click here to enter diagnosis. | | |
| Requested by: Your name and credentials | | |
| Rationale for Assessment: Click here to enter text. | | |
| Physician Signature:  Approve  Deny | | Date: Click here to enter a date. |
| Physician Printed Name: Physician Name. | | |
| Physician Address: 227 E. Sanilac Avenue, Sandusky, MI 48471 | | Physician Phone: 810-648-0330 |