

Physician's Statement

Prior to your child's participation in treatment in this office, I am requesting that he/she have a physical by your family physician or pediatrician. This physical should approximate one that is given for sports activities. A physician statement is required indicating that the child is free from any medical condition and/or communicable disease. If there is a specific condition, we would like to know what it is, and if there are any limitations to the child's participation in normal activities.

You may feel free to share this letter with your physician, and if there are any questions, please encourage your physician to contact me. The results of the physical and medical clearance statement must be received in this office prior to the scheduled assessment date.