

# CAN Do Kids Building blocks to a future

[Campcankids@outlook.com](mailto:Campcankids@outlook.com)

Phone: 509-392-3773

Fax: 509-362-9693



343 Wellsian Way Ste. #103  
Richland, WA 99352

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Diagnosis: \_\_\_\_\_ Precautions: \_\_\_\_\_

## Individualized Therapy services to address the following areas:

- |   |   |
|---|---|
| <input type="checkbox"/> Fine Motor Delays              | <input type="checkbox"/> Poor attention-wandering mind        |
| <input type="checkbox"/> Gross Motor Delays             | <input type="checkbox"/> Oral Motor/Feeding                   |
| <input type="checkbox"/> Sensory Processing/integration | <input type="checkbox"/> Neuromuscular Reeducation            |
| <input type="checkbox"/> Aggressive Behaviors           | <input type="checkbox"/> Autism Spectrum                      |
| <input type="checkbox"/> Digital Addiction              | <input type="checkbox"/> Cognitive impairments                |
| <input type="checkbox"/> ADHD/ADD                       | <input type="checkbox"/> Functional Balance Intervention      |
| <input type="checkbox"/> Reflex Integration Delays      | <input type="checkbox"/> Neurological disorders               |
| <input type="checkbox"/> Developmental Delays           | <input type="checkbox"/> Visual Motor/Perceptual Delays       |
| <input type="checkbox"/> Learning Difficulties          | <input type="checkbox"/> Handwriting concerns                 |
| <input type="checkbox"/> Behavior Concerns              | <input type="checkbox"/> Activity of Daily Living impairments |
| <input type="checkbox"/> Torticollis                    | <input type="checkbox"/> Sleep Disturbances                   |
|   | <input type="checkbox"/> Other: _____                         |

Comments: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_