

SAMPLE

Postural & Gait Screening Letter following up on Phase II Referral
To be mailed to Parent/Guardian after Phase II

DATE: _____

Dear Parent/Guardian:

Recently your child, _____ (child's name) was seen by the physical therapist in the Phase II screening for Postural & Gait. At that time the physical therapist provided your child with a letter of referral to your family healthcare provider. That letter is attached.

If you have not already scheduled an appointment with your provider, please do so as soon as possible. Some posture and gait conditions can change quickly and should be evaluated right away. If you need any assistance with the referral, please feel free to contact me.

Please have your healthcare provider complete the information at the bottom and let me know if there is any assistance the school can provide. Also, I will update your child's school health record.

Thank you for your attention to this matter.

School Nurse

Phone Number

Date of Exam: _____

DIAGNOSIS:

No treatment recommended

Treatment recommended: _____

Follow-up Office Visit:

N/A

Printed Name (MD or DO)

Date: _____

Signature

Phone Number & Email Address