

Referral to Euro-Peds

If you have a patient with a neuromuscular disorder who could benefit from Intensive Physical Therapy (1-4 hours/day, 2-5 days/week), please fill out this form and fax/mail it to us and we will be happy to contact the family.

First step: family fills out a [patient application](#) to ensure that the child is an appropriate candidate for Intensive Physical Therapy and, if interested, a candidate for optional Suit Therapy.

Patients must be medically stable with seizures being controlled in order to participate in Euro-Peds Intensive Physical Therapy Program.

After the child is determined to be an appropriate candidate, we contact the family to discuss insurance coverage, any out-of-pocket expense, and scheduling preferences as well as obtain a detailed Intensive Physical Therapy Prescription from the referring Physician.

If you have any questions, please contact us at 248-857-6776 or email info@euro-peds.org.

Patient's name: _____

Diagnosis(es): _____

Guardian's name: _____

Contact #: _____

Fax to 248-857-7102