

MEDICAL THERAPY UNIT (MTU) SUMMARY

Name	(last)	(AKA)	(first)	Date of birth	State file number
Educational placement		Diagnosis			
Therapist(s)			MTU/company		
Evaluations:					
<input type="checkbox"/> ADL	<input type="checkbox"/> ROM	<input type="checkbox"/> MMT	<input type="checkbox"/> Home evaluation	<input type="checkbox"/> A/V	
<input type="checkbox"/> Motor maturity	<input type="checkbox"/> Reflex testing	<input type="checkbox"/> Sensory	<input type="checkbox"/> Perception	<input type="checkbox"/> Other:	
Referral date	Date of report	Period covered	Number of treatment units scheduled	Given	