

Date:

## The Children's TherAplay Foundation, Inc.

## New Patient Intake Form – ALL FIELDS REQUIRED

How did you hear about Children's TherAplay?



Patient Name:	Referral for (ple		-			_	_		Speech The		
Preferred Language:  Can patient sit independently? □Yes □No Walk independently? □Yes □No Verbal? □Yes □No  How much assistance is required for transfers? □No Help □ Min (25% help) □ Mod (50% help) □ Max (75% help) □ Total Assist (100% help)  How long can your child hold their head up while in a seated position?  Does your child have any of the following health conditions?:  Atlanto-axial instability with neurological signs as assessed by MD  Does your child have any of the following health conditions?:  Chiari malformation with neurological □Yes at significant safety risk (e.g., severely aggressive □No behaviors, frequent hitting, biting, throwing, scratching, screaming, or elopement)  Chiari malformation with neurological □Yes   Coxa Arthrosis □No											
Can patient sit independently?									Height	•	
How much assistance is required for transfers?   No Help   Min (25% help)   Mod (50% help)	_	_						s ⊓No	Verbal?	пYes п	No
Does your child have any of the following health conditions?:  Atlanto-axial instability with neurological signs as assessed by MD  Chiari malformation with neurological symptoms  Chiari malformation with neurological system uncontrolled by medication  Indwelling urethral catheters  Open wounds over a weightbearing surface  Open wounds over a weightbearing surface	•	•	•			•	-				
Atlanto-axial instability with neurological signs as assessed by MD    Atlanto-axial instability with neurological signs as assessed by MD   Atlanto-axial instability with neurological signs as assessed by MD   Atlanto-axial instability with neurological signs as assessed by MD   Atlanto-axial instability with neurological signs at significant safety risk (e.g., severely aggressive behaviors, frequent hitting, biting, throwing, scratching, screaming, or elopement)   Chiari malformation with neurological system			_								
Atlanto-axial instability with neurological signs as assessed by MD  Atlanto-axial instability with neurological signs as assessed by MD  Chiari malformation with neurological system uncontrolled by medication  Indwelling urethral catheters  Open wounds over a weightbearing surface  Open wounds over a weightbearing surface  Open wounds over a weightbearing surface  Open wounds open and/or internal hardware of fixation/fusion  Open fixation/fusion  Atlanto-axial instability with neurological system is significant safety risk (e.g., severely aggressive behaviors, frequent hitting, biting, throwing, scratching, screaming, or elopement)  Coxa Arthrosis  Oxa Arthrosis  Oxa Arthrosis  Oxes in No  Hemophilia with recent history of bleeding episodes  Oxes in No  Open wounds over a weightbearing surface  Oxes in No  Oxe	0 )			1		1					
signs as assessed by MD at significant safety risk (e.g., severely aggressive behaviors, frequent hitting, biting, throwing, scratching, screaming, or elopement)  Chiari malformation with neurological system symptoms	Does your child	have any of	the followin	g health c	onditior	ns?:					
behaviors, frequent hitting, biting, throwing, scratching, screaming, or elopement)  Chiari malformation with neurological system symptoms Seizures or unstable neurological system uncontrolled by medication Seizures or unstable neurological system symptoms Seizures or sathma flare ups, seizures, etc.)  Open wounds over a weightbearing surface Seizures or sathma flare ups, seizures, etc.)  Open wounds over a weightbearing surface Seizures or sathma flare ups, seizures, etc.)  Open wounds over a weightbearing surface Seizures or sathma flare ups, seizures, etc.)  Open wounds over a weightbearing surface Seizures without successful treatment of the underlying pathology Seizures or surface Seizures or surface Seizures or daily activities Seizures or daily activities Seizures Seiz	Atlanto-axial	instability w	ith neurolog	ical	□Yes	Menta	l health con	ditions that	place the pat	ient or others	ı □Yes
Screaming, or elopement   Chiari malformation with neurological   Great   Gr	signs as assess	sed by MD			□No	_					
Chiari malformation with neurological symptoms  Seizures or unstable neurological system uncontrolled by medication  Indwelling urethral catheters  Open wounds over a weightbearing surface  Open wou							-	_	ting, throwin	ig, scratching	,
Symptoms								pement)			
Seizures or unstable neurological system uncontrolled by medication    Yes   Hemophilia with recent history of bleeding episodes   Yes   No		mation with	neurologica	1		Coxa	Arthrosis				
uncontrolled by medication □No											
Indwelling urethral catheters    Yes				em		Hemo	philia with	recent histor	ry of bleeding	g episodes	
Open wounds over a weightbearing surface  Open wounds over a weightbeari	uncontrolled t	by medication	on		□No						□No
□No asthma flare ups, seizures, etc.) □No  Open wounds over a weightbearing surface □Yes □No underlying pathology □No  Acute fractures □Yes □No  Unstable spine and/or internal hardware of fixation/fusion □Yes □No  Preferred Times for therapy appointments: (please check ALL options that apply)  Preferred Times for therapy appointments: (please check ALL options that apply)    No   Sam   9am   10am   11am   1pm   2pm   3pm   4pm   5pm	T 1 11:				2/	3.6.11	1 110	1 .	. 1 .	• /	
Open wounds over a weightbearing surface  Open wounds over a weightbeari	Indwelling ur	ethral cathet	ters					U		ions (e.g.,	
No   underlying pathology   No   No   Acute fractures   Prestriction   Prestric	On an avaire da		-lathaanina a							manton ant of th	
Acute fractures    Yes	Open wounds	s over a weig	gnibearing si	птасе			0		t successiui ti	reaument of ti	
Unstable spine and/or internal hardware of fixation/fusion  Preferred Times for therapy appointments: (please check ALL options that apply)    Sam   9am   10am   11am   1pm   2pm   3pm   4pm   5pm   Monday   Tuesday   Wednesday   Thursday   Unstable spine and/or internal hardware of prize   Internal hardw	A cuto fracture	ne.							cumntome		
Unstable spine and/or internal hardware of fixation/fusion  Preferred Times for therapy appointments: (please check ALL options that apply)    Sam   9am   10am   11am   1pm   2pm   3pm   4pm   5pm   Monday	Acute fracture	23				Tetriei	eu coru syr	idionie with	symptoms		
Freferred Times for therapy appointments: (please check ALL options that apply)    Sam   9am   10am   11am   1pm   2pm   3pm   4pm   5pm     Monday	Unstable spin	e and/or inte	ernal hardwa	re of		Diffici	ılties with h	eing touche	d/handled di	ıring transfer	
Preferred Times for therapy appointments: (please check ALL options that apply)    Sam   9am   10am   11am   1pm   2pm   3pm   4pm   5pm     Monday	_		errar raravve	110 01				enig todene	a/Hariaica at	armig transfer	
8am         9am         10am         11am         1pm         2pm         3pm         4pm         5pm           Monday         Tuesday         Umage: Thursday							-,				
8am         9am         10am         11am         1pm         2pm         3pm         4pm         5pm           Monday         Tuesday         Umage: Thursday					1						<u>l</u>
Monday Tuesday Wednesday Thursday	Preferred Times	for therapy	appointmen	ts: (please	check A	LL option	ons that app	oly)			
Monday Tuesday Wednesday Thursday											
Tuesday Wednesday Thursday		8am	9am	10am	11a	am	1pm	2pm	3pm	4pm	5pm
Wednesday Thursday	Monday										
Thursday	Tuesday										
	Wednesday										
Friday											
	Friday										

## What does a "float" schedule mean?

\*\*\*FLOAT: □ Yes □ No

It can often be hard to some families to schedule and keep weekly reoccurring appointments. We realize that families have a lot going on. "Float scheduling" provides families the flexibility they may need. It allows the family to tell Children's TherAplay (CTF) what time works for them each week. This may change as often as the family needs it to and is scheduled by the parent one week prior to the next appointment. These appointments can be made by phone or at the check-out desk following each appointment.

## **Family Goals for Patient:**

Parent/Guardians:		
City, State, Zip:		
Preferred Phone:	Cell:	E-mail:
Referring Physician:		
Physician's Medical Group:		
MD Phone:	MD Fax:	
		Location:
Date of last PT/OT/ST evaluation:	Location:	
<u>Insurance:</u> Please check ALL that ap	pply	Sala December 19 D
Insurance: Please check ALL that ap  □ Medicaid □ Children's Spe	oply ecial Health Care Services	
Insurance: Please check ALL that ap  □ Medicaid □ Children's Spe	oply ecial Health Care Services	<b>K)</b> Fax:
Insurance: Please check ALL that ap    Medicaid   Children's Special	oply ecial Health Care Services	<b>K)</b> Fax:
Insurance: Please check ALL that ap    Medicaid   Children's Special	oply ecial Health Care Services	Fax:ed Care ate:
Insurance: Please check ALL that ap    Medicaid   Children's Special	oply ecial Health Care Services	Fax:ed Care ate:
Insurance: Please check ALL that ap    Medicaid   Children's Special	ecial Health Care Services	Fax:ed Care ate:
Insurance: Please check ALL that ap    Medicaid   Children's Special	ecial Health Care Services	Fax:

In Network Insurance: Anthem, Uniter Health Care, Cigna, Medicaid, Medicaid Entities. Out of network plans may have out of network benefits. Individual plan will vary, contact Brenda Adamson at <a href="mailto:badamson@childrenstheraplay.org">badamson@childrenstheraplay.org</a> to verify your insurance.

Please be sure to provide <u>ALL</u> current insurances. Any and all insurance changes must be provided, failure to do so will result inpatient responsibility for the entire billable amount.

Turn this form to Kaylin Shiver at <u>kshiver@childrenstheraplay.org</u>
9919 Towne Road • Carmel, Indiana 46032 • Phone: (317) 872-4166
• Fax: (317) 872-3234 • www.childrenstheraplay.org