CONSENT FOR

OCCUPATIONAL THERAPY SCREENING

Insurance Name: _____

ID _____

I hereby consent to a FREE for my child: Name: _____ age: _____

DOB___/_____/_____ Parents Name: _____ Number: _____

School Name: _____

Contact at School: _____

☐ Handwriting screening

☐ School skills screening

☐ Behavioral screening

☐ Visual motor Screening

☐ Balance testing/coordination screening

☐ Developmental Delay

by a licensed occupational therapist employed by or under contract with Destination Life Occupational Therapy, llc.

I have been fully informed of the nature and purposes of the procedures, screening and course of treatment, and has witnessed my signature of this consent in his or her presence. In addition, I was explained to me the benefits of not getting my child help and if I desire my child to continue with Destination Life these services are covered by insurance.

It has been explained that the screening is **free** screening and/or course of treatment will improve my condition. I am aware that if I have questions, I can contact Destination Life, llc. If I would like my child evaluated for further treatment and service I can contact Destination Life by **phone (817-473-1312) or Online (www.mydestinationlife.com)**

I confirm that I have read and fully understand this consent form.

Signature: _____

Name (Please Print): _____ Date: _____

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed evaluation and treatment have offered to answer any questions and have fully answered all such questions.
I believe that the patient/relative/guardian fully understands what I have explained and answered.

COTA: _____ Therapist _____ Date: _____

Any questions about this consent form should be directed to Destination Life, llc at 817-473-1312

1759 Broad Park Circle S #113
Mansfield, TX 76063

p: 817-473-1312

f: 844-812-4427

w: mydestinationlife.com

e: zcarr@mydestinationlife.com