Welcome!

Thank you for choosing Therapy & Learning Center of GA, LLC. To help meet your child's needs. We sincerely appreciate this opportunity, and look forward to working with you and your child.

The attached New Client Paperwork packet includes important information about the practice. Please take time to fill out as much information as possible regarding your child's developmental history, as this information can be vital to the direction of the therapy plan. We understand that these forms can be time consuming however, it is important that we have as much information as possible prior to your visit so that we may provide the best possible service for your child. If your child has any recent evaluations completed by other health professionals (psychologist, IEP, etc.), please bring copies of these with you or you may email them to us in advance.

Our office policy is that you will need to place a credit card on file. This is because there is no "sign out desk" in the office and Amy, our director, handles the billing. The form is attached.

Sincerely,

Amy Squires, M.S.CCC-SLP
Speech and Language Pathologist
Director of Therapy and Learning Center of GA
GA License #: SLP 008235
ASHA Certification #: 12132094

Milton Speech Pathology Therapy & Learning Center of GA

Occupational Therapy Intake Form

Identifying Information:

Patient Name:_____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail:_____

Phone 1: _____ Phone 2: _____

Parent/Guardian Names: _____

Mother's Occupation: _____Father's Occupation:_____

Child lives with both parents? ___ Yes ____ No

Primary Language Spoken in Home: _____

Others living in the home (names, ages, and relationship to patient): _____

_____

Referral Source:

Pediatrician:_____ Phone:_____

Reason for referral:_____

Previous evaluations (list): _____

Therapy to date (list): _____

Describe the present problem: _____

_____

Who noted the present Problem? _____ When? _____

How does the family react to the problem? _____

Have there been any significant changes in the last six months? If so, what? _____

Prenatal History:

Please check any complications during pregnancy

- ☐ Morning sickness
- ☐ Premature contractions
- ☐ Hypertension (high blood pressure)
- ☐ Bleeding from vagina
- ☐ Edema (swelling) of hands, face
- ☐ Incompatible Rh factor
- ☐ Toxemia
- ☐ Anemia
- ☐ Rubella
- ☐ Allergies
- ☐ Diabetes
- ☐ Serious Injury
- ☐ Emotional strain
- ☐ High fever
- ☐ Excess vomiting
- ☐ Viral Infection
- ☐ Convulsions
- ☐ Amniotic fluid loss
- ☐ Cardiac Infection
- ☐ Surgery

☐ Other:_____

Were any of the following taken during pregnancy?

- ☐ X-rays
- ☐ Pills for nausea
- ☐ Blood pressure pills
- ☐ Antibiotics
- ☐ Sedatives
- ☐ Diuretic
- ☐ Medication to prevent weight gain
- ☐ Thyroid Medication
- ☐ Medication to prevent miscarriage
- ☐ Pain medication
- ☐ Valium
- ☐ Methadone
- ☐ Heroin
- ☐ Prednisone
- ☐ Marijuana
- ☐ Other drugs:_____
- ☐ Amphetamine
- ☐ Cocaine
- ☐ Cigarettes (10 or more per day)
- ☐ Two or more cups of coffee/tea per day

How much weight did you gain?_____ Was client active in utero?_____

Pregnancy Length:

- ☐ Full Term
- ☐ Premature — If yes, how many weeks?: _____
- ☐ Late Delivery (2+ weeks late) — If yes, how many weeks?: _____

Perinatal History

Please check all that apply:

- ☐ Labor was drug induced
- ☐ Epidural
- ☐ General anesthesia (mother unconscious)
- ☐ Prolonged labor
- ☐ Cord around neck
- ☐ Did not breathe at first
- ☐ Infant had seizures
- ☐ Infant had jaundice
- ☐ Infant had an unusual cry
- ☐ Infant required oxygen
- ☐ Infant was in an incubator
- ☐ Infant was cyanotic(blue)
- ☐ Infant had congenital defects
- ☐ Caesarian section before onset of labor
- ☐ Caesarian section after onset of labor
- ☐ Use of forceps
- ☐ Slow heartbeat
- ☐ Infant was considered low birth weight
- ☐ Infant was jittery
- ☐ Infant required tube feeding
- ☐ Infant required blood transfusion
- ☐ Infant cried excessively
- ☐ Infant was limp/floppy

If infant had congenital defects, what? _____

Other, explain: _____
_____

Was this pregnancy unusual or abnormal in any way not already mentioned? _____
_____

Length of labor:_____ Birth Weight:_____ Apgar rating:_____

Was mother dismissed before infant? _____ How long?_____
Why?_____
_____
_____

Any special instructions at dismissal?_____

Infant was: ☐Bottle fed ☐Breast fed
Complications_____

Please list all food and drug allergies:

_____
_____
_____
_____
_____

Post Natal History

Please check all that did or do apply and give approximate dates:

Did Patient……

- ☐ Reach out and prepare to be picked up
- ☐ Want to be held a great deal
- ☐ Want to be held sometimes
- ☐ Resist being held
- ☐ Awaken frequently
- ☐ Have difficulty falling asleep
- ☐ Have difficulty awakening
- ☐ Sleep mostly between feedings but awaken when hungry
- ☐ Sleep between some feedings, with long periods of wakefulness
- ☐ Sleep little, but seems comfortable
- ☐ Show signs of physical activity while sleeping
- ☐ Rise and wander during night
- ☐ Go on rampages at night, empty drawers, refrigerator
- ☐ Have frequent nightmares
- ☐ Need parent's presence to fall asleep
- ☐ Often sleep in parent's bed
- ☐ Have difficulty sucking
- ☐ Have a poor appetite
- ☐ Have difficulty swallowing
- ☐ Choke on food
- ☐ Vomit after eating
- ☐ Spit up frequently
- ☐ Appear to be insatiably hungry
- ☐ Crave sweets and other foods
- ☐ Refuse most foods
- ☐ Eat food quickly
- ☐ Wander from table while eating
- ☐ Act as if all foods taste same
- ☐ Dislike foods of certain texture
- ☐ Have other difficulties eating

Comments:

_____

_____

Was Patient:

- ☐ Difficult to care for
- ☐ Extremely difficult to care for
- ☐ Inactive and quiet, but alert
- ☐ Inactive, sluggish and non-responsive
- ☐ Extremely active
- ☐ Occasionally fussy/crying
- ☐ Often fussy/crying
- ☐ Almost always fussy/crying
- ☐ Diagnosed as having colic
- ☐ Difficult to comfort
- ☐ Extremely difficult to comfort
- ☐ Medication prescribed

Was client's behavior:

- ☐ Like younger children
- ☐ Like older children
- ☐ Different, but not like older or younger children

Comments: _____

_____

Medical/Psychological History:

Please check diagnoses Patient has received:

- ☐ Aphasic
- ☐ Autistic
- ☐ Brain Damaged Disorder
- ☐ Depression
- ☐ Emotionally Disturbed
- ☐ Cerebral Palsy
- ☐ Immature, Maturation Lag
- ☐ Minimal Brain Dysfunction (MBD)
- ☐ Muscle Disease
- ☐ Speech/Language Disordered
- ☐ Tourette's Syndrome
- ☐ Other Tic Disorders
- ☐ Attention Deficit Disorder
- ☐ Behavior Disordered
- ☐ Central Auditory Processing
- ☐ Developmentally Delayed
- ☐ Hyperkinetic, Hyperactive
- ☐ Pervasive Developmental Delay
- ☐ Dyslexia/Dyscalculia
- ☐ Multiple Sclerosis
- ☐ Pain Disorder
- ☐ Spina Bifida
- ☐ Static Encephalopathy
- ☐ Hearing Impaired

Other:_____

Please explain checked items in more detail: _____
_____
_____

Are immunizations current? ☐ Yes ☐ No

Please check if your child has had any of the following (and if so, at what age):

- ☐ Allergies_____
- ☐ Asthma_____
- ☐ Chronic Ear Infections_____
- ☐ Ear Tubes_____
- ☐ Heart Trouble_____
- ☐ Measles_____
- ☐ Pneumonia_____
- ☐ Sinusitus_____
- ☐ Concussions_____
- ☐ Seizures_____
- ☐ Other_____
- ☐ Chicken Pox_____
- ☐ Chronic Cold_____
- ☐ Frequent Cough_____
- ☐ Hearing Loss_____
- ☐ Mumps_____
- ☐ Meningitis_____
- ☐ Thyroid Issues_____
- ☐ Tonsillitis_____
- ☐ Diabetes_____
- ☐ Tremors_____

Has client experienced any of the following? Please check any/all that apply and indicate dates:

_____Surgery
_____Hospitalization other than for surgery
_____Unconsciousness
_____Emergency room treatment
_____Other physical injuries

Additional Comments: _____
_____
_____
_____
_____

Motor Milestones

Sit alone	Age _____	Daytime urinary training	Age _____
Crawl	Age _____	Nighttime urinary training	Age _____
Walk with Assistance	Age _____	Daytime bowel training	Age _____
Walk without Assistance	Age _____	Nighttime bowel training	Age _____
Go downstairs	Age _____	Independent toileting	Age _____
Ride a tricycle	Age _____	Did client lose day/nighttime urinary control after training was complete?	
Ride a 2-wheeled bike (Without training wheels)	Age _____	Age lost ___ Age regained ____	
		Did client lose day/nighttime bowel Control after training was completed?	
		Age lost ___ Age regained ____	

Comments:_____
_____

Please check past/current sports participation:

☐ Swimming	☐ Roller blading	☐ Lacrosse
☐ Baseball	☐ Hockey	
☐ Football	☐ Soccer	
☐ Basketball	☐ Karate	

Other:_____

Have other members of patient's biological family exhibited educational or physical difficulties of any kind. Please explain in detail.

Relationship to Client (including maternal/paternal)	Nature of Problem

_____
_____

Please use the scale below and indicate the most appropriate answer when filling out the following sections:

1. Performs Well
2. Performs Fairly Well
3. Performs Poorly
4. Unable to Perform
5. Not Applicable

Other Motor Activities:

Coordinated Movements	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Swim	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

1. Performs Well
2. Performs Fairly Well
3. Performs Poorly
4. Unable to Perform
5. Not Applicable

Activities of Daily Living

Maintain stable/suitable posture at table	☐1	☐2	☐3	☐4	☐5
Drink from a cup	☐1	☐2	☐3	☐4	☐5
Drink from a glass	☐1	☐2	☐3	☐4	☐5
Eat with a spoon	☐1	☐2	☐3	☐4	☐5
Eat with a fork	☐1	☐2	☐3	☐4	☐5
Cut with a fork	☐1	☐2	☐3	☐4	☐5
Cut with a knife	☐1	☐2	☐3	☐4	☐5
Butter bread	☐1	☐2	☐3	☐4	☐5
Open milk carton	☐1	☐2	☐3	☐4	☐5
Pour accurately from carton/thermos	☐1	☐2	☐3	☐4	☐5
Open thermos	☐1	☐2	☐3	☐4	☐5
Suck through a straw	☐1	☐2	☐3	☐4	☐5
Turn on faucet	☐1	☐2	☐3	☐4	☐5
Turn off faucet	☐1	☐2	☐3	☐4	☐5
Wash hands	☐1	☐2	☐3	☐4	☐5
Brush/comb hair	☐1	☐2	☐3	☐4	☐5
Shampoo hair	☐1	☐2	☐3	☐4	☐5
Brush teeth	☐1	☐2	☐3	☐4	☐5
Trim fingernails	☐1	☐2	☐3	☐4	☐5
Trim toenails	☐1	☐2	☐3	☐4	☐5
Take a bath	☐1	☐2	☐3	☐4	☐5
Put on pullover garment	☐1	☐2	☐3	☐4	☐5
Remove pullover garment	☐1	☐2	☐3	☐4	☐5
Put on shirt	☐1	☐2	☐3	☐4	☐5
Remove shirt	☐1	☐2	☐3	☐4	☐5
Fasten/unfasten snaps	☐1	☐2	☐3	☐4	☐5
Open/close zippers	☐1	☐2	☐3	☐4	☐5
Fasten/unfasten buttons	☐1	☐2	☐3	☐4	☐5
Put on underpants	☐1	☐2	☐3	☐4	☐5
Remove underpants	☐1	☐2	☐3	☐4	☐5
Put on pants	☐1	☐2	☐3	☐4	☐5
Remove pants	☐1	☐2	☐3	☐4	☐5
Put on socks	☐1	☐2	☐3	☐4	☐5
Remove socks	☐1	☐2	☐3	☐4	☐5

1. Performs Well
2. Performs Fairly Well
3. Performs Poorly
4. Unable to Perform
5. Not Applicable

Put on shoes	☐1	☐2	☐3	☐4	☐5
Remove shoes	☐1	☐2	☐3	☐4	☐5
Tie shoes	☐1	☐2	☐3	☐4	☐5
Lace shoes	☐1	☐2	☐3	☐4	☐5
Put on hearing aids	☐1	☐2	☐3	☐4	☐5
Remove hearing aids	☐1	☐2	☐3	☐4	☐5
Put on braces	☐1	☐2	☐3	☐4	☐5
Remove braces	☐1	☐2	☐3	☐4	☐5
Household Chores					
Make bed	☐1	☐2	☐3	☐4	☐5
Manage sweeping	☐1	☐2	☐3	☐4	☐5
Use vacuum	☐1	☐2	☐3	☐4	☐5
Wipe up spills	☐1	☐2	☐3	☐4	☐5
Make a sandwich	☐1	☐2	☐3	☐4	☐5
Use pushbuttons	☐1	☐2	☐3	☐4	☐5
Open screw-top jars	☐1	☐2	☐3	☐4	☐5
Load dishwasher	☐1	☐2	☐3	☐4	☐5
Carry food to table	☐1	☐2	☐3	☐4	☐5
Set table	☐1	☐2	☐3	☐4	☐5
Clear table	☐1	☐2	☐3	☐4	☐5
Use phone	☐1	☐2	☐3	☐4	☐5
Construct with Legos	☐1	☐2	☐3	☐4	☐5

Communication

Please use the scale below and indicate the appropriate answer when filling out the following sections:

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient….					
Does not attempt to communicate	☐1	☐2	☐3	☐4	☐5
Uses gestures to communicate	☐1	☐2	☐3	☐4	☐5
Does not use language to communicate	☐1	☐2	☐3	☐4	☐5
Responds negatively to unexpected loud noise	☐1	☐2	☐3	☐4	☐5
Has difficulty paying attention in proximity to other noise	☐1	☐2	☐3	☐4	☐5
Seems confused as to direction of sounds	☐1	☐2	☐3	☐4	☐5
Enjoys hearing strange noises	☐1	☐2	☐3	☐4	☐5
Enjoys making loud noises	☐1	☐2	☐3	☐4	☐5
Speaks loudly	☐1	☐2	☐3	☐4	☐5
Enjoys music	☐1	☐2	☐3	☐4	☐5
Has a diagnosed hearing loss	☐1	☐2	☐3	☐4	☐5
Speaks only to communicate needs	☐1	☐2	☐3	☐4	☐5
Stammers or stutters	☐1	☐2	☐3	☐4	☐5
Speaks in incomplete sentences	☐1	☐2	☐3	☐4	☐5
Hesitates or stops mid-sentence	☐1	☐2	☐3	☐4	☐5
Seems to understand, but has trouble getting the words out	☐1	☐2	☐3	☐4	☐5
Has difficulty finding the right word	☐1	☐2	☐3	☐4	☐5
Confuses words of opposite meaning (yesterday/tomorrow)	☐1	☐2	☐3	☐4	☐5
Confuses words that sound alike such as (hem/hen)	☐1	☐2	☐3	☐4	☐5
Refers to self by name, “Joe go to store”	☐1	☐2	☐3	☐4	☐5
Speaks in own private language	☐1	☐2	☐3	☐4	☐5
Is unable to relate events	☐1	☐2	☐3	☐4	☐5
Is not an efficient communicator	☐1	☐2	☐3	☐4	☐5
Speaks as if under great pressure	☐1	☐2	☐3	☐4	☐5
Jumbles words in sentences	☐1	☐2	☐3	☐4	☐5
Has trouble pronouncing words	☐1	☐2	☐3	☐4	☐5
Uses incorrect grammar	☐1	☐2	☐3	☐4	☐5
Has trouble following oral directions	☐1	☐2	☐3	☐4	☐5
Does not seem to understand what was asked	☐1	☐2	☐3	☐4	☐5
Talks constantly	☐1	☐2	☐3	☐4	☐5
Lacks good, clear speech	☐1	☐2	☐3	☐4	☐5

List any other communication problems exhibited by client: _____

_____

Behavior

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient……

Dislikes being touched	☐1	☐2	☐3	☐4	☐5
Prefers to touch rather than be touched	☐1	☐2	☐3	☐4	☐5
Tends to feel more pain than others	☐1	☐2	☐3	☐4	☐5
Tends to feel less pain than others	☐1	☐2	☐3	☐4	☐5
Has had vocal tics (clearing throat, grunting, barking yelping)	☐1	☐2	☐3	☐4	☐5
Has had vocal tics (words, phrases, curses)	☐1	☐2	☐3	☐4	☐5
Has had motor tics (twitches, jerks, blinks)	☐1	☐2	☐3	☐4	☐5

If tics were present in the past, what types, at what age did they appear, how long did they last? Explain in detail.

_____

_____

Can they be suppressed? _____

Does the intensity and/or frequency vary over time? _____

Does stress make them worse? _____ Explain in detail. _____

_____

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient…….

Is generally disorganized	☐1	☐2	☐3	☐4	☐5
Has bedroom/toys disorganized	☐1	☐2	☐3	☐4	☐5
Is unable to put things in order	☐1	☐2	☐3	☐4	☐5
Insists that bedroom/toys must be precisely ordered	☐1	☐2	☐3	☐4	☐5
Has no ability to keep a schedule	☐1	☐2	☐3	☐4	☐5
Dresses in a disorderly fashion	☐1	☐2	☐3	☐4	☐5
Approaches projects illogically	☐1	☐2	☐3	☐4	☐5
Seems to do things the hard way	☐1	☐2	☐3	☐4	☐5
Is forgetful or loses belongings	☐1	☐2	☐3	☐4	☐5
Confuses details	☐1	☐2	☐3	☐4	☐5
Changes activities frequently	☐1	☐2	☐3	☐4	☐5
Is indecisive, changes mind often	☐1	☐2	☐3	☐4	☐5
Is impatient, cannot wait	☐1	☐2	☐3	☐4	☐5
Cannot tolerate frustration	☐1	☐2	☐3	☐4	☐5

	1. Never	2. Rarely	3. Occasionally	4. Frequently	5. Always
Patient….					
Does not finish what is started	☐1	☐2	☐3	☐4	☐5
Cannot sit through a board game	☐1	☐2	☐3	☐4	☐5
Hums or taps fingers	☐1	☐2	☐3	☐4	☐5
Takes a long time to settle down	☐1	☐2	☐3	☐4	☐5
Does things without thinking	☐1	☐2	☐3	☐4	☐5
Talks too much	☐1	☐2	☐3	☐4	☐5
Fidgets or squirms	☐1	☐2	☐3	☐4	☐5
Bumps into things	☐1	☐2	☐3	☐4	☐5
Is accident prone	☐1	☐2	☐3	☐4	☐5
Constantly wants things, is never satisfied	☐1	☐2	☐3	☐4	☐5
Does things in a noisy way	☐1	☐2	☐3	☐4	☐5
Cannot play quietly for twenty minutes	☐1	☐2	☐3	☐4	☐5
Climbs onto cabinets/furniture without sense of fear	☐1	☐2	☐3	☐4	☐5
Is always on the go	☐1	☐2	☐3	☐4	☐5
Runs, rather than walks	☐1	☐2	☐3	☐4	☐5
Breaks things accidentally	☐1	☐2	☐3	☐4	☐5
Cannot keep hands to self	☐1	☐2	☐3	☐4	☐5
Requires unusual confinement (harness, gates, etc.)	☐1	☐2	☐3	☐4	☐5
Is difficult to take to visit friends/relatives/shopping	☐1	☐2	☐3	☐4	☐5
Is difficult to leave with baby-sitter	☐1	☐2	☐3	☐4	☐5
Needs constant supervision	☐1	☐2	☐3	☐4	☐5
Is hyperactive	☐1	☐2	☐3	☐4	☐5
Is hypoactive (under-active)	☐1	☐2	☐3	☐4	☐5
Dawdles	☐1	☐2	☐3	☐4	☐5
Does things painfully slowly	☐1	☐2	☐3	☐4	☐5
Daydreams	☐1	☐2	☐3	☐4	☐5
Must be in control of situations	☐1	☐2	☐3	☐4	☐5
Must do things own way	☐1	☐2	☐3	☐4	☐5
Resists being taught how to do things	☐1	☐2	☐3	☐4	☐5
Resists change in routine	☐1	☐2	☐3	☐4	☐5
Is overly cautious	☐1	☐2	☐3	☐4	☐5
Cries for the slightest reason	☐1	☐2	☐3	☐4	☐5
Forgets social expectations	☐1	☐2	☐3	☐4	☐5
Hears, but does not seem to listen	☐1	☐2	☐3	☐4	☐5
Cannot tolerate noisy, busy places	☐1	☐2	☐3	☐4	☐5
Needs a calm, quiet atmosphere in order to concentrate	☐1	☐2	☐3	☐4	☐5

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient….

Does sloppy work in spite of effort	☐1	☐2	☐3	☐4	☐5
Is willfully destructive	☐1	☐2	☐3	☐4	☐5
Ignores social rules of modesty	☐1	☐2	☐3	☐4	☐5
Has no guilt for wrongdoing	☐1	☐2	☐3	☐4	☐5
Has no remorse for hurting others	☐1	☐2	☐3	☐4	☐5
Has excessive quilt at inappropriate times	☐1	☐2	☐3	☐4	☐5
Believes rules apply only to others	☐1	☐2	☐3	☐4	☐5
Does not seem to learn from experience	☐1	☐2	☐3	☐4	☐5
Cannot tell right from wrong	☐1	☐2	☐3	☐4	☐5
Cheats, has to be winner	☐1	☐2	☐3	☐4	☐5
Blames others for errors	☐1	☐2	☐3	☐4	☐5
Always has an excuse	☐1	☐2	☐3	☐4	☐5
Complains of unfair treatment	☐1	☐2	☐3	☐4	☐5
Thinks everyone is against him/her	☐1	☐2	☐3	☐4	☐5
Worries excessively	☐1	☐2	☐3	☐4	☐5
Is pessimistic (thinks things will go wrong)	☐1	☐2	☐3	☐4	☐5
Has poor self-image, feels worthless	☐1	☐2	☐3	☐4	☐5
Talks of harming self	☐1	☐2	☐3	☐4	☐5
Attempts to harm self	☐1	☐2	☐3	☐4	☐5
Complains of boredom	☐1	☐2	☐3	☐4	☐5
Is overly concerned about performance	☐1	☐2	☐3	☐4	☐5
Has rapid, unexpected mood changes	☐1	☐2	☐3	☐4	☐5
Is irritable	☐1	☐2	☐3	☐4	☐5
Has short fuse, explodes at any little thing	☐1	☐2	☐3	☐4	☐5
Has hurt someone such that medical attention was necessary	☐1	☐2	☐3	☐4	☐5
Is insensitive to feelings of others	☐1	☐2	☐3	☐4	☐5
Gets into arguments	☐1	☐2	☐3	☐4	☐5
Provokes adults	☐1	☐2	☐3	☐4	☐5
Resists authority	☐1	☐2	☐3	☐4	☐5
Is defiant/belligerent when disciplined	☐1	☐2	☐3	☐4	☐5
Is stubborn	☐1	☐2	☐3	☐4	☐5
Ignores directives without arguing	☐1	☐2	☐3	☐4	☐5
Purposely does the opposite of what is told	☐1	☐2	☐3	☐4	☐5
Makes up untruths	☐1	☐2	☐3	☐4	☐5
Cannot be trusted alone	☐1	☐2	☐3	☐4	☐5
Picks only on people smaller than self	☐1	☐2	☐3	☐4	☐5
Extends self where there is no advantage	☐1	☐2	☐3	☐4	☐5
Extends self only if advantage is clear	☐1	☐2	☐3	☐4	☐5
Accepts favors, but makes no effort to return favors	☐1	☐2	☐3	☐4	☐5

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient….

Hangs around with bad crowd	☐1	☐2	☐3	☐4	☐5
Wants friends, but is rejected or avoided by others	☐1	☐2	☐3	☐4	☐5
Wants friends, but provokes them to anger	☐1	☐2	☐3	☐4	☐5
Wants friends, but leads them into trouble	☐1	☐2	☐3	☐4	☐5
Has few friends, seems disliked	☐1	☐2	☐3	☐4	☐5
Tends to choose friends with problems	☐1	☐2	☐3	☐4	☐5
Has no close friends	☐1	☐2	☐3	☐4	☐5
Has no close friends, but plays well in group	☐1	☐2	☐3	☐4	☐5
Cannot play well in a group because of:	☐1	☐2	☐3	☐4	☐5

- ☐ Poor coordination
- ☐ Inability to take turns
- ☐ Confusion regarding rules
- ☐ Inattention, daydreaming
- ☐ Other _____

Has never had a friendship lasting more than six months.	☐1	☐2	☐3	☐4	☐5
Appears unconcerned about having friends	☐1	☐2	☐3	☐4	☐5
Avoids being with peers	☐1	☐2	☐3	☐4	☐5
Prefers to play with older children	☐1	☐2	☐3	☐4	☐5
Prefers to play with younger children	☐1	☐2	☐3	☐4	☐5
Prefers to play with adults	☐1	☐2	☐3	☐4	☐5
Is physically rough with others	☐1	☐2	☐3	☐4	☐5
Is excessively bossy with peers	☐1	☐2	☐3	☐4	☐5
Gets into fights because of frustration	☐1	☐2	☐3	☐4	☐5
Tattles	☐1	☐2	☐3	☐4	☐5
Is cold and untrusting of others	☐1	☐2	☐3	☐4	☐5
Resists sharing	☐1	☐2	☐3	☐4	☐5
Disrupts others' games/activities	☐1	☐2	☐3	☐4	☐5
Gets feelings hurt easily by peers	☐1	☐2	☐3	☐4	☐5
Gets physically hurt by peers	☐1	☐2	☐3	☐4	☐5
Is overly submissive, easily led	☐1	☐2	☐3	☐4	☐5
Has to be the leader	☐1	☐2	☐3	☐4	☐5
Assumes role of clown	☐1	☐2	☐3	☐4	☐5
Cannot keep up with peers	☐1	☐2	☐3	☐4	☐5
Appears depressed, sad, gloomy	☐1	☐2	☐3	☐4	☐5

Please check any that do/have applied:

- ☐ Has parrot-like speech, repeats mechanically
- ☐ Has singsong quality to speech
- ☐ Speaks in a whisper
- ☐ Laughs or giggles for no apparent reason
- ☐ Often covers ears
- ☐ Acts as if deaf
- ☐ Had temper tantrums beyond age 4 years
- ☐ Has breath-holding spells
- ☐ Had prolonged crying spell before age 2.5
- ☐ Continues to have crying spells
- ☐ Rocks body for periods of time
- ☐ Banged head beyond 2.5years
- ☐ Has unusual fears
- ☐ Clings excessively to parent(s)
- ☐ Appears happier in the dark
- ☐ Resists having eyes covered
- ☐ Bites, pinches, or hurts self
- ☐ Picks skin, pulls hair, plucks eyebrows or lashes
- ☐ Bites, pinches or hurts others
- ☐ Bites nails
- ☐ Chews on nonfood items
- ☐ Bumps and/or pushes others
- ☐ Grinds teeth
- ☐ Holds hands in strange positions
- ☐ Holds body in strange positions for extended periods
- ☐ Seems not to learn from experience, even if it hurts
- ☐ Prefers to be alone
- ☐ Avoids making eye contact
- ☐ Shows no attachment to parent(s)
- ☐ Ignores others
- ☐ Shows indifference to affection
- ☐ Shows attachment to unusual objects
- ☐ Stares at lights, water or shiny objects as if entranced
- ☐ Whirls in circles
- ☐ Eats or attempts to eat strange substances such as leaves, garbage
- ☐ Has strong aversion to being wet or dirty
- ☐ Drools
- ☐ Walks on toes
- ☐ Smears stools
- ☐ Has an unusual odor
- ☐ Has unusual ability, such as remembering jingles, recalling dates
- ☐ Sees visions not seen by others
- ☐ Hears voices not heard by others
- ☐ Holds odd beliefs not based in reality
- ☐ Repeats words, phrases, actions, over and over as if driven
- ☐ Reacts violently to minor changes in environment
- ☐ Steals when unsupervised
- ☐ Responds in bizarre ways to normal events
- ☐ Has blank expression, stares for long periods
- ☐ Breaks rules when unsupervised
- ☐ Steals even while supervised
- ☐ Breaks rules even while supervised
- ☐ Shows lack of awareness of location or time of day
- ☐ Is reckless, fails to appreciate danger

Comments:

_____

Patient has….

- ☐ Run away from home overnight
- ☐ Set a fire
- ☐ Lied to other than family member
- ☐ Been arrested, was in court or jail
- ☐ Been the cause of complaints about behavior from neighbors
- ☐ Been cruel to others younger than self
- ☐ Smoked tobacco
- ☐ Used marijuana, cocaine, heroin, or other drugs
- ☐ Sniffed glue
- ☐ Engaged in violence, aggression, assaults on others
- ☐ Engaged in extortion, threatening harm to others
- ☐ Engaged in breaking & entering
- ☐ Received moving traffic violations
- ☐ Killed or tortured animals
- ☐ Stolen from other family members
- ☐ Sent home due to behavior
- ☐ Used vulgar language
- ☐ Stayed out past curfew
- ☐ Gotten drunk or stoned
- ☐ Engaged in vandalism

School History

Please give details of school attendance as indicated.

	DATES	AGE	NAME OF SCHOOL/ LOCATION	ANY PROBLEMS
Pre-school Or Day-care				
Kindergarten				
Elementary				
Middle				
High				

Academic Area

1. Performs well 2. Performs fairly well 3. Performs poorly
4. Unable to perform 5. Not applicable

Use scissors		☐1	☐2	☐3	☐4	☐5
Fine hand work (puzzles, models, etc.)		☐1	☐2	☐3	☐4	☐5
Recognize letters	Age_____	☐1	☐2	☐3	☐4	☐5
Recognize numbers	Age_____	☐1	☐2	☐3	☐4	☐5
Draw	Age_____	☐1	☐2	☐3	☐4	☐5
Print letters	Age_____	☐1	☐2	☐3	☐4	☐5
Count money	Age_____	☐1	☐2	☐3	☐4	☐5
Tell time on regular clock	Age_____	☐1	☐2	☐3	☐4	☐5

Please check if any of the following were indicated as N (needs improvement), U (unsatisfactory), Or a grade of C or below on your child's last report card or teacher conference.

☐ Reading	☐ Spelling	☐ Handwriting
☐ Written Expression	☐ Math	☐ Science
☐ Social Studies	☐ Physical Education	

☐ Other_____

Consent Form

This form must be completed before services can be initiated. If the client is under the age of 18 years, all legal guardians must sign the form.

Consent for Treatment: I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at Therapy & Learning Center of GA. I understand that I may terminate these services at any time.

Consent to Communicate with Insurance Company: I give consent to Therapy & Learning Center of GA and its employees/agents to communicate with my insurance company and to release any health information needed in order to authorize visits and collect payment.

Receipt of Policies and Procedures: I hereby attest that I have received a copy of Therapy & Learning Center of GA's Policies and Procedures, including payment policies, and have read, understood, and consented to be bound by its content.

Receipt of Patient's Rights: I hereby attest that I have received a copy of the Patient Rights notice, have read, and understood its content.

Receipt of Privacy Policy and Consent for Disclosure of Health Information: I have been provided a copy of Therapy & Learning Center of GA's Note of Privacy Policies detailing how my Medicaid record may be used and disclosed under Federal and State law. I understand that as part of the Therapy & Learning Center of GA's treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity (i.e., insurance, emergency, etc.), and I consent to such disclosure for these permitted uses, including disclosures via fax and email only to appropriate parties. I fully understand and accept the terms of this Consent and acknowledge the receipt of the Privacy Notice. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I understand that by refusing to sign this consent or revoking this consent, Therapy & Learning Center of GA may refuse to treat me. I further understand that Therapy & Learning Center of GA reserves the right to change its privacy policies and will provide me with a copy of any revised notice.

I acknowledge that if I elect service time beyond what my insurance company will cover that I am voluntarily paying for that service time.

Photocopy Authorization: I permit a photocopy of this consent form as if it were an original executed consent.

Name of Patient (printed):_____

By signing below, you are attesting to the accuracy of the above statements including all consents and authorizations implied therein. A copy of this agreement is available upon request.

Legal Guardian Signature Date

Milton Speech Pathology Therapy & Learning Center of GA

Credit Card Payment Authorization Form

Sign and complete this form to authorize Therapy & Learning Center of GA to make a debit to your credit card listed below. We require that patients keep a credit card on file for payment. This is because we do not have front office staff to process your card each day.

By signing this form you give us permission to debit your account for services rendered.

Please complete the information below:

I_____ authorize Therapy and Learning Center of GA to charge my credit card account for the amount indicated on my bill on or after the date of my child's service. If I am using insurance, the credit card will be processed after the insurance company provides and EOB outlining the negotiated rate for services. I will be notified of this rate before my credit card is processed. This payment is for Speech and Language Therapy, or Occupational Therapy, or Tutoring. Credit cards are processed at the end of the week.

Billing address:_____ Phone#:_____

City, State, Zip:_____ Email:_____

Account Type: ☐ Visa ☐MasterCard ☐Dsicover

Cardholder Name:_____

Card Number:_____

Expiration Date:_____ CVC:_____

SIGNATURE:_____ DATE:_____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount explained to me. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form and for the amount explained to me.

Milton Speech Pathology Therapy & Learning Center of GA

Teacher Questionnaire for Occupational Therapy

Patient Name:_____ Date of birth:_____

Patient's Grade Level:_____

Your Name:_____ Today's date:_____

Relationship to patient:_____

Please consult with or have your child's teacher actually complete the following questions.

1. Never 2. Rarely 3. Occasionally 4. Frequently 5. Always

Patient….					
Is slow to complete schoolwork	1	2	3	4	5
Is slow to complete projects of own selection	1	2	3	4	5
Avoids doing homework	1	2	3	4	5
Seems to take all night for homework	1	2	3	4	5
Loses homework	1	2	3	4	5
Turns in homework	1	2	3	4	5
Shows wide variety in quality of work day to day	1	2	3	4	5
Checks over work	1	2	3	4	5
Avoids written work	1	2	3	4	5
Completes reading tasks	1	2	3	4	5
Completes assignments without supervision	1	2	3	4	5
Is interested and motivated	1	2	3	4	5
Concentrates only on a one-to-one or small group basis	1	2	3	4	5
Works better in the morning	1	2	3	4	5
Works better in the afternoon	1	2	3	4	5
Is able to pace work/budget time	1	2	3	4	5
Is able to adjust to new situations/settings	1	2	3	4	5
Is able to adapt to changes in routine	1	2	3	4	5
Disturbs classmates	1	2	3	4	5
Takes turns	1	2	3	4	5
Maintains control on the playground, on the bus or in the lunchroom	1	2	3	4	5
Seems unruly and argumentative	1	2	3	4	5
Gets into fights	1	2	3	4	5
Is easily frustrated	1	2	3	4	5
Is unusually excitable	1	2	3	4	5
Has mood fluctuations, often unrelated to situation	1	2	3	4	5
Seems very active in class	1	2	3	4	5
Calls out in class	1	2	3	4	5

	1. Never	2. Rarely	3. Occasionally	4. Frequently	5. Always
Patient…					
Makes noises in class	1	2	3	4	5
Talks excessively	1	2	3	4	5
Seems easily distracted	1	2	3	4	5
Asks to have things repeated	1	2	3	4	5
Listens in class	1	2	3	4	5
Has gotten lost within building	1	2	3	4	5
Seems slow to respond	1	2	3	4	5
Can sequence alphabet or numbers easily	1	2	3	4	5
Is able to comprehend a story	1	2	3	4	5
Confuses the order of numbers	1	2	3	4	5
Has difficulty copying from a book	1	2	3	4	5
Has difficulty copying from chalkboard	1	2	3	4	5
Jumbles letters in words	1	2	3	4	5
Reverses letters (d or b, etc.)	1	2	3	4	5
Rotates letters (p for b, etc.)	1	2	3	4	5
Reverses words (was for saw, etc.)	1	2	3	4	5
Loses place when reading, even if not interrupted	1	2	3	4	5
Approaches schoolwork in a disorganized manner	1	2	3	4	5
Has had school request help in managing behavior	1	2	3	4	5

Please indicate how many times client has been truant from school: _____

If client has ever been suspended from school, please give grade levels and describe offenses.

_____

_____

If client has ever been expelled from school, please give grade levels and describe offenses.

_____

_____

Does client read for pleasure?_____

Does client have any special interests or hobbies? Please specify:_____

_____

What is client's favorite activity?_____

What is client's least favorite activity?_____

Does client use a computer at school?_____ What kind?_____

Does client have use of a computer at home?_____ What kind?_____

Milton Speech Pathology Therapy & Learning Center of GA

Policies and Procedures

Appointments:

Please arrive at your appointment 5 minutes early. In the event that you arrive late for your appointment, the appointment may be shortened due time constraints. If you must cancel an appointment, please call immediately. We understand that life happens. We have a 24 hour cancellation policy. ***Therefore, please cancel appointments scheduled for the following day before 10 pm the evening prior via email, phone or text. The full service fee will be charged for no shows and last minute cancellations***. In the case of a **child's illness**, cancellations will be accepted **before 8 am**. ***This includes school visits. Please do not count on your child's school to notify MSP.***

Patients are required to attend 75% of speech sessions. *In the event that attendance drops to 50% over 2 months, we reserve the right to forfeit your child's space.* ***After 2 no show appointments (no call, no email, no text)*** *for any reason, we reserve the right to forfeit your child's space.*
This does not apply to social skills groups. Social skills group students will be offered one make up session free of charge after the semester to cover the cost of all missed sessions. One hour social skills group lessons allow for 50 minutes in group and 10 minutes group/parent education.

Fees:

A schedule of fees can be obtained from our website. **You are required to inform us about changes in insurance. In the event that you fail to inform us and the insurance denies the claim, you will be responsible for the full payment.** Enrollment in social skills groups requires a *non-refundable payment* for the first 50% of classes upon enrollment. For example, when you enroll for an 8 class session, the fee for 4 sessions will be due 1 week prior to the start of group. The remainder is due after the 3rd class. We will charge your card after the 3rd class automatically. We will hold 1 make-up class free of charge after the end of the session for all students who have missed classes**. Verification of insurance is not a guarantee of payment. In the event that your insurance does not pay for service, you will be responsible for the fee. It is your responsibility to let us know if your insurance changes.** If you do not let us know and we do not have authorization for treatment from the new company, they may not pay and you will receive a bill.

Schools: There is a $10 travel fee when therapists see patients at school.

Times: As per the consent form, if you elect to a service time that is beyond what is covered in your insurance, you are voluntarily agreeing to pay for the extra time as per your insurance's adjusted rate.

CAMP: Should you need to cancel camp 4 weeks prior, 100% of your payment will be refunded. Should you need to cancel camp 2-3 weeks prior 50% of your payment will be refunded. Should you need to cancel camp less than 1 week prior, 25% of your payment will be refunded.

_____ _____

Print Client's Name Relationship to Client

_____ _____

Signature of Parent or Legal Guardian Date