



PERMISSION TO SCREEN, EVALUATE AND/OR PROVIDE THERAPY

Patient Name _____ DOB _____

Parent Name _____

Primary Insurance Carrier _____ Policy # _____

Please complete the form below to grant permission and authorize a screening, comprehensive occupational therapy evaluation, and/or treatment (as needed) for your child. Occupational therapy evaluations consist of standardized testing, informal and formal observations, and clinical judgment.

I, _____, authorize **Autism & Behavioral Intervention** to screen, evaluate (parent/guardian)

and/or provide the necessary occupational therapy/treatment services to

_____. Treatment is based upon the findings of the evaluation and (client)

the recommendations of the responsible occupational therapist.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

You will be contacted regarding the results of the screening. A complete evaluation and/or subsequent treatment will only be administered after your therapist has spoken with you about the results of the screening and fees/insurance benefits. You will be asked whether you would like your child to receive a comprehensive evaluation and if an evaluation is agreed upon, a state-licensed and certified occupational therapist will administer the evaluation (including standardized evaluation tests, caregiver interviews, etc.). Your therapist will provide subsequent treatment, if needed, to the aforementioned child. Results of the evaluation will determine a treatment/therapy course that will include the recommendations of the occupational therapist and input from the parent.