

The Role of an Occupational Therapist

To help individuals become more independent in life skills. These life skills include, but are not limited to...

- Fine Motor Skills working with manipulatives, bimanual activities, handwriting, eye/hand coordination, sequencing of fine movements
- Visual Processing/Visual Motor the ability to organize and interpret information that is seen and give it meaning. These information-processing skills include figure-ground, form constancy, spatial relations, visual closure, visual discrimination, visual memory, and visualization.
- Sensory Processing Sensory processing disorder is a condition in which the brain has trouble receiving and responding to information that comes in through the senses. A child may be over-responsive or under-responsive to the sensory information coming in.
- Activities of Daily Living daily self care activities like manipulating fasteners, eating, shoe lace tying and dressing.
- Executive Functioning Skills self-regulating skills that we all use every day to accomplish just about everything to help us plan, organize, make decisions, shift between situations or thoughts, control our emotions and impulsivity, and learn from past mistakes

Occupational Therapy Client Information

Client name: _____ Date: _____

Parent/Guardian name: _____

Cell phone: _____ Email: _____

Client's birth date: _____ Age: _____ Grade: _____

Address: _____

School Attending: _____

School phone: _____ School contact: _____

Allergies: _____ Hand Dominance: _____

Any known Diagnosis: _____

When and where diagnosed: _____

Medications: _____

Pertinent Pregnancy and Developmental Information: _____

Reason for Referral: _____

Indicate child's age for achieving the skill. If uncertain, indicate early, late, or typical:

_____ Independent sitting

_____ hands/knees crawling

_____ walking

_____ First words

_____ toilet trained

Current areas of concern (please mark all that apply):

_____ Gross Motor Development

_____ Fine Motor Development

_____ Sleeping

_____ Language Development

_____ Social Skills

_____ Eating

_____ Play Skills

_____ Temperament

_____ Frustrations (list):

_____ Fears (list):

_____ Independent living skills

Fees and Services

Initial Evaluation -	\$350.00
Re-evaluation -	\$275.00
Sensory/Behavioral Evaluation -	\$225.00
Specialized Documentation Rate - (beyond 30 minutes)	\$35.00/ 15 mins.
45-minute Treatment Session-	\$105.00
Classroom Observation of client with Recommendations/Consultation -	\$140.00/hr.
IEP/Treatment Plan Meetings -	\$140.00/hr.
Formal Family/Teacher Training-	\$140.00/hr.
Patient Consultation beyond 15 minutes-	\$35.00/15mins.
General Consultation (administrative/billing nature/insurance)-	\$15.00/15mins.
"No Show" fee for appointments not cancelled-	\$50.00

Occupational Therapy Contract

Please read the following policies and procedures and sign at the bottom if you are within agreement.

- 1) A time line for therapy will be estimated, but it will ultimately be set by the child's pace.
- 2) The fee is due up front and in full each session (check, Venmo, Paypal or cash). Monthly plans can be made if need be. Checks may be payable to Devon Hathaway.
- 3) This is out of pocket service, but insurance forms will be provided for each service with the diagnostic and treatment coding required by insurance companies.
- 4) There is a **24-hour cancellation policy**. If this is not upheld, you will be charged for the session missed.
- 5) The parent/guardian will drop the child off and pick the child up promptly at the designated time. Please call if you are to be late. A tardiness fee of \$5.00 for every 10 minutes the client is late to therapy or leaving therapy without a phone call will be applied.
- 6) It is preferable that the child attends the therapy session alone. The parent may wait in the car or run an errand for the prearranged time.
- 7) An itemized bill will be given to the client for any materials needed during the therapy program. This bill will be paid in full at the time of purchase.
- 8) Office hours are as follows... Monday, Tuesday and Wednesday 12:00pm-6:00pm.
- 9) Devon Hathaway, OTR/L is not liable for any injury that may occur to the client at the time of or during any therapy session.
- 10) Therapy is not a guarantee. My hope is for your child to improve, but there are many variables involved, so please be patient and realistic. We are working towards the same goal.

Thank you for your cooperation in upholding these policies.

I, _____, agree to the above statement and
sign on behalf of my child.

Signature: _____ Date: _____