

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

Pediatric New Client Packet

Demographic Information

Client's Name:		DOB: / /		<input type="checkbox"/> M	<input type="checkbox"/> F
Address:		City:	State:	Zip:	
Legal Guardian:					
Circle relationship of legal guardian: <input type="radio"/> Parent <input type="radio"/> Grandparent <input type="radio"/> Kinship <input type="radio"/> Foster Parent <input type="radio"/> Other (Specify): _____					
Cell Phone:		Home Phone:		Work Phone:	
Email Address:					
Emergency Contact (if different from above):					
Relationship to Patient:			Phone Number:		
Allergies/ Special Diet:					
Primary Physician/Office:			Phone Number:		
Address:			Fax Number:		

Has the client ever received OT/PT services in the past? If so, please list details. _____

Does the client currently receive any other therapy (PT, OT, SLP?) _____

What is the primary language spoken at home? _____

Child lives with: _____ Parent #1 _____ Parent #2 _____ Both Parents

Who has legal custody of this child? _____

Is this child adopted? At what age? Is he/she aware of this? _____ Sibling(s)/Age(s): _____

Others living in household: _____

Does the client attend public school, private school, home school or daycare? If yes, specify _____

Name of school: _____ Grade: _____ Teacher's Name: _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

Client Medical History

How long was the pregnancy? _____

Was there any illness or accidents during pregnancy? _____

How long was labor? _____

How long was hospitalization after birth? _____

Describe any major accidents, surgeries, or hospitalizations: _____

Diagnosis:

Autism/PDD _____ ADHD _____ Learning Disabilities _____ Downs Syndrome _____

Hearing Loss _____ Anxiety _____ Speech/Language Delays _____ Cerebral Palsy _____

Other: _____

List any allergies: _____

List any medications that your child is currently taking and their purpose:

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

Medication: _____ Purpose: _____

What (if any) special equipment does your child use?

Wheelchair: _____ Eye glasses: _____ Hearing Aids: _____ Braces/Orthotics: _____

Walker: _____ Communication Device: _____ Crutches: _____ Other: _____

What are your primary areas of concern/ what are you hoping for the occupational/physical therapist to address? (e.g., academic, sensory, motor, play, ADLs (eating, dressing)). _____

What are your goals for occupational/physical therapy? _____

Please list the professionals that the client has seen along with the contact information:

Psychologist/Psychiatrist: _____

Neurologist: _____

Social Worker/ Educational Specialist: _____

Other (feeding therapist, etc.): _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284

336-996-4980 ♦ Fax: 336-996-3521

Gross Motor Milestones and ADL Information:

Developmental Milestones: Fill in the blanks to describe your child to the best of your ability:

Rolled over at _____ months/years Sat at _____ months/years Crawled at _____ months/years

Stood at _____ months/years Walk with furniture support at _____ months/year Walked at _____ months/years

Utensils at _____ months/years Dressed at _____ years Toilet trained at _____ years

If there was anything unusual you noticed in any of the above developmental milestones, please explain: _____

Activities of Daily Living (Routine Activities):

Check the type of assistance that your child requires during the following tasks:

	Independent	Set-Up*	Verbal Assistance	Physical Assistance (Minimal- Maximal)	Comments
Using Utensils					
Straw Drinking					
Toothbrushing					
Hair-Washing					
Hair Brushing					
Potty Training					
Dressing					
Undressing					
Clothes Fasteners (Buttons, Zippers)					
Tying Shoes					
Opening Containers					
Bathing					
Washing Hands					

*Set-up= parent only sets up materials for child

Extra Comments:

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

Client Oral Motor Information:

Check below if your child had/has any of the following feeding difficulties:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Poor suck | <input type="checkbox"/> Required a feeding tube | <input type="checkbox"/> Reflux/vomiting | <input type="checkbox"/> Difficulty chewing |
| <input type="checkbox"/> Swallowing | <input type="checkbox"/> Gags/chokes often | <input type="checkbox"/> Drinking from open cup | |
| <input type="checkbox"/> Drinking from a straw | <input type="checkbox"/> Tongue movements | <input type="checkbox"/> Drooling | <input type="checkbox"/> Food intake |
| <input type="checkbox"/> Finger feeding | <input type="checkbox"/> Fork/spoon use | <input type="checkbox"/> Pocking/overstuffing mouth | |

Please list any other feeding/oral concerns you may have: _____

Client Social/Emotional Regulation Information:

Check below if your child had/has any of the following social/emotional regulation concerns:

- | | | |
|---|--|---|
| <input type="checkbox"/> Meltdown/Tantrums | <input type="checkbox"/> Difficulty Transitioning | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Difficulty conversing with peers | <input type="checkbox"/> Difficulty turn taking | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Recognizing own emotions | <input type="checkbox"/> Recognizing others emotions | <input type="checkbox"/> Decreased eye contact |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Poor safety awareness | <input type="checkbox"/> Poor coping skills |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Pretend play | <input type="checkbox"/> Interpersonal skills with peers/adults |

Please list any other social/emotional regulation concerns you may have: _____

Client Gross Motor Information:

Check below if your child had/has any of the following gross motor concerns:

- | | | | | |
|--|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Strength | <input type="checkbox"/> Endurance | <input type="checkbox"/> Falls | <input type="checkbox"/> Kicking Ball | |
| <input type="checkbox"/> Discooordination | <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Running | <input type="checkbox"/> Walking | <input type="checkbox"/> W-sitting |
| <input type="checkbox"/> Surgical Intervention | <input type="checkbox"/> Balance | <input type="checkbox"/> Not hitting GM milestones | | |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Sports/Recreational Activities | <input type="checkbox"/> Toe walking | | |

Please list any other gross motor skill concerns you may have: _____

Client Fine Motor Information:

Check below if your child had/has any of the following fine motor concerns:

- | | | |
|--|---|--|
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Finger Isolation | <input type="checkbox"/> Pincer Grasp |
| <input type="checkbox"/> Tripod Grasp | <input type="checkbox"/> Pencil Grasp | <input type="checkbox"/> Cutting Tasks |
| <input type="checkbox"/> Clothes Fasteners | <input type="checkbox"/> In Hand Manipulation | <input type="checkbox"/> Hand strength |

Please list any other fine motor skill concerns you may have: _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284

336-996-4980 ♦ Fax: 336-996-3521

Pediatric Therapy KRS Caregiver Attendance Policy for Early Intervention Services

Missed Appointments: Please inform your therapist as soon as possible if you need to cancel a visit. If possible, you may reschedule a cancelled visit. After 3 out of 5 no-shows/cancellations, your child may be discharged from therapy services. If a cancellation appointment is rescheduled, it will not be counted towards a no-show or cancellation.

You are your child's best supporter and advocate. Your participation in the Early Intervention program will give you skills and knowledge you can use to help your child grow and develop.

I acknowledge that I have read and understand the above policy statement regarding parent participation and missed appointments.

Caregiver Signature: _____

Date: _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

Pediatric Authorization Forms

I give permission for the exchange of information (verbal and/or written) regarding the client,

(Client's Name) (Date of Birth)

shared between Kernersville Rehab Specialist and,

Primary Physician Name (required):

Primary Physician Clinic (required):

School/Agency:

Name:

Relationship:

The following people stated above are also authorized to pick up and drop off the client

I have read and fully understand Kernersville Rehab Specialists LLC's Notice of Patient Information Privacy Practices. I understand that Kernersville Rehab Specialists may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of services provided. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Kernersville Rehab Specialists will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby acknowledge and agree to the use and disclosure of my personal health information for purposes as noted in Kernersville Rehab Specialists LLC's Notice of Patient Information Privacy Practices. I understand that I retain the right to revoke this acknowledgement by notifying the practice in writing at any time.

Printed Name: _____

Signature: _____ Date: _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

COVID LIABILITY FORMS

Kernersville Rehab Specialist is excited to have you join us within the clinic! We are doing everything to minimize the risk of COVID-19 and to maintain a safe environment for caregivers, children and therapists. In order to make this process easy for everyone we have created a liability release waiver. In consideration of receiving pediatric occupational therapy sessions from KRS, I, being the current caregiver for

_____ do hereby release, waive, discharge and covenant not to sue KRS past, current and future employees, directors, contractors, representative, affiliates, parents or volunteers from any and all damages, injuries, losses, liability, claims, causes of action, litigation, or demands, including but not limited to those for personal injury, sickness, or death as well as property damages and expenses of any nature whatsoever which may be incurred, directly or indirectly, now or in the future in any way related to COVID-19 in connection with services provided from KRS. I understand the World Health Organization has classified the COVID19 outbreak as a pandemic that is highly contagious and dangerous. If I am unable to accept these risks, KRS's services consist of alternative methods of therapy which includes teletherapy (virtual visits) that are openly available to this child.

On behalf of the participating child, I accept the associated risk of disease transmission and potential consequences.

Caregiver name _____

Caregiver signature _____ Date _____

Present employee _____ Date _____

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 272
336-996-4980 ♦ Fax: 336-996-35

Notice of Patient Information Privacy Practices

This notice describes how medical information about you may be used or disclosed and how you can get access to information. Please review it carefully.

Legal Duty

Kernersville Rehab Specialists, LLC is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

Uses and Disclosures of Health Information

Kernersville Rehab Specialists, LLC (hereafter known as KRS) uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, KRS may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

KRS may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law. In any other situation, KRS policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization stop future disclosures at any time.

KRS may change its policy at any time. When changes are made, a new Notice of Patient Information Privacy Practices will be posted in the waiting room and will be provided to you at your next visit. You may also request an updated copy at any time by calling our office, or by printing a copy from our website.

Patients Individual Rights

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, or when required by law or in emergency circumstances. KRS will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

Concerns and Complaints

For further information regarding our health information practices, or if you have a complaint or are concerned that KRS may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address on this Notice. You may also send a written complaint to the US Department of Health and Human Services.

e-mail: krs@triadbiz.triad.rr.com ♦ webpage: www.krstherapy.com

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284

336-996-4980 ♦ Fax: 336-996-3521

Gross Motor Milestones and ADL Information:

Developmental Milestones: Fill in the blanks to describe your child to the best of your ability:

Rolled over at _____ months/years

Sat at _____ months/years

Crawled at _____ months/years

Stood at _____ months/years

Walk with furniture support at _____ months/year

Walked at _____ months/ years

Utensils at _____ months/years

Dressed at _____ years

Toilet trained at _____ years

If there was anything unusual you noticed in any of the above developmental milestones, please explain: _____

Activities of Daily Living (Routine Activities):

Check the type of assistance that your child requires during the following tasks:

	Independent	Set-Up*	Verbal Assistance	Physical Assistance (Minimal- Maximal)	Comments
Using Utensils					
Straw Drinking					
Toothbrushing					
Hair-Washing					
Hair Brushing					
Potty Training					
Dressing					
Undressing					
Clothes Fasteners (Buttons, Zippers)					
Tying Shoes					
Opening Containers					
Bathing					
Washing Hands					

*Set-up= parent only sets up materials for child

Extra Comments:

Kernersville Rehab Specialists

1031 E Mountain Street ♦ Bldg 318, Suite 101 ♦ Kernersville, NC 27284
336-996-4980 ♦ Fax: 336-996-3521

Pediatric Therapy KRS Caregiver Attendance Policy for Early Intervention Services

Missed Appointments: Please inform your therapist as soon as possible if you need to cancel a visit. If possible, you may reschedule a cancelled visit. After 3 out of 5 no-shows/cancellations, your child may be discharged from therapy services. If a cancellation appointment is rescheduled, it will not be counted towards a no-show or cancellation.

You are your child's best supporter and advocate. Your participation in the Early Intervention program will give you skills and knowledge you can use to help your child grow and develop.

I acknowledge that I have read and understand the above policy statement regarding parent participation and missed appointments.

Caregiver Signature: _____

Date: _____