



The Children's TherAplay Foundation, Inc.

New Patient Form – ALL FIELDS REQUIRED



Date: _____ How did you hear about Children's TherAplay? _____

Referral for (please check): Physical Therapy Occupational Therapy Speech Therapy

Patient Name: _____ DOB: _____

Diagnosis: _____ Weight: _____ Height: _____

Can patient sit independently? Yes No Walk independently? Yes No Verbal? Yes No

What therapies does patient currently receive? _____ Location: _____

Date of last PT/OT/ST evaluation: _____ Location: _____

Preferred Times for therapy appointments: _____ AM _____ PM

(please check ALL options)

Monday Tuesday Wednesday Thursday Friday Float (learn more on back)

Family Goals for Patient: _____

Parent/Guardians: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Referring Physician: _____

Physician's Medical Group: _____

Physician's Address: _____

MD Phone: _____ MD Fax: _____

Referring Therapist: _____ Phone: _____

Insurance: Please check ALL that apply

Medicaid Children's Special Health Care Services Self-Pay Private Insurance

Medicaid Case Manager: _____ Phone: _____ Fax: _____

Type of MCD: Traditional Waiver Risk Based Managed Care

Client's RID #: _____ Effective Date: _____

CSHCS: ID #: _____ Effective Date: _____

Private Insurance:

Company: _____

Insured's Name: _____ DOB: _____

Policy# _____ Group # _____

Provider Services Phone Number (on back of card) _____

Please be sure to inform us of ANY changes in your insurance. Failure to do so may result in patient responsibility for the entire billable amount.

Please return this form to Dawn Fisher at dfisher@childrenstheraplay.org

What does a “float” schedule mean?

It can often be hard to some families to schedule and keep weekly reoccurring appointments. We realize that families have a lot going on. “Float scheduling” provides families the flexibility they may need. It allows the family to tell Children’s TherAplay (CTF) what time works for them each week. This may change as often as the family needs it to and is scheduled by the parent one week prior to the next appointment. These appointments can be made by phone or at the check-out desk following each appointment.

In order to provide the most flexibility to you and your family scheduling with the therapist available who matches your time request is preferred. Even with a policy in place, all therapists do get cancels. So, sometimes you may get lucky and be able to coordinate with a particular therapist, but this does not meet CTF’s goal of getting your child in consistently. We want your child to meet his or her goals.

If you find a time that works for you, attend it consistently with timely arrival for at least four weeks, and if it becomes available on a therapist schedule, you can discuss being placed back into a weekly reoccurring appointment.

CTF’s goal is to create the best life for as many children as we can. We know that it requires commitment and dedication from the family to do this. We also understand that families have things come up and commitments they need to attend. Our staff does everything they can to provide flexible options for families. However, CTF is a business, and each staff member only has so much available time to give. It is important the time CTF gives is spent providing successes for families. This requires consistent weekly attendance. CTF wants to make sure each and every time slot available is full each week so we can impact as many children as possible. When a family cancels an appointment, this can be a missed opportunity for another family who may be waiting for an available time to have their child’s goals met.