



Email: therapedspllc@gmail.com
Phone: 501-313-0592
Fax: 501-377-9900

Parent Consent Form

I understand that my child has been referred to for a formal developmental therapy evaluation and I am interested in the following therapy services. Check all that apply.

- Occupational Therapy Physical Therapy Speech Therapy Mental Health Therapy

Child's Name: Child's Date of Birth:

Where will your child be seen?: Bryant Clinic Sheridan Clinic Home

Daycare: School:

Contact Information

Parent's Names: and

Parent's Occupation:

Address:

Phone Number: Primary # Name

Secondary # Name

Email Address:

Photography/Video Consent

I allow for my child to be photographed/videoed during therapy that can be used for TheraPeds social media, marketing, and events: Yes or No

Billing Information

- My Child has Medicaid My Child has Private Insurance

Insurance Name (BCBS, Aetna, Empower, etc.):

Insurance ID Number:

Name of Primary Care Physician: Phone:

By signing this Consent Form, I authorize TheraPeds PLLC to conduct a formal therapy evaluation as well as treatment if deemed necessary according to the testing results as well as from your primary care physician. Further, I authorize the release of any medical or other information necessary to process claims associated with services provided to my child by TheraPeds. I also authorize the payment of benefits to TheraPeds. I understand that giving consent for the above recommendations is not required and can be canceled anytime.

Parent/Legal Guardian's Signature

Date



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Health and Developmental History Form

Child's Name: _____ Date of Birth: _____

Completed by: _____ Primary language spoken: _____

Gender of the child _____

1. List the age at which your child demonstrated the following skills:

Sitting: _____

Crawling: _____

Walking: _____

Eating solids: _____

Talking (mama, dada): _____

2. How long was your pregnancy (ex. 40 weeks)?

3. What was your child's birth weight? _____

4. Were there any complications with your pregnancy and/or labor? If yes, please describe:

5. Does your child have a history of chronic ear infections? If yes, please explain how they were treated (i.e. antibiotics, tubes, etc): _____

6. Has your child's hearing been tested since their initial screening at birth? If yes, please list age and the results:

7. Has your child had any serious injuries, illnesses, surgeries or been hospitalized? If yes, please describe and at what age?

8. Does your child have a medical diagnosis? _____

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9. Is your child on any medications? If yes, please list and for what: _____

10. Does your child have any allergies? If so, please describe: _____

11. Has your child received any previous evaluations (speech, occupational, physical, or mental health), therapy, or treatment? If so, please describe and include dates and place(s) of service: _____

12. Can you understand your child when he/she speaks? Do you have any concerns?

13. With whom does your child live?

14. Where does your child live (apartment, home, etc)?

15. Are there any stairs in the home?

16. Does your child have siblings? If so, how many and do they reside in the same home child? _____

17. Does your child attend a program (i.e. daycare, mother's day out, pre-k) or stay at home during the day?

18. If your child attends a program during the day, please list the days they attend and the times they are dropped off/picked up:

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19. Does your child exhibit any of the following behaviors? yes/no and more info:

Clumsiness: _____

Fall easily: _____

Poor attention: _____

Frequent tantrums: _____

Hyperactive: _____

Weakness: _____

Bumps into things: _____

Spins: _____

Impulsive: _____

Difficulty with textures: _____

Poor balance: _____

Difficulty in school: _____

Lack of motivation: _____

Walks on toes: _____

Other: _____

20. What specific concerns brought you to us? _____

21. What is your main goal(s) for your child? _____

22. How did you hear about us? (ex: doctor referred, screening was done, friend sent you, social media, sibling or family member received services here, etc.) _____

Parent/Legal Guardian's Signature

Date