

NEW PATIENT INTAKE CHECKLIST

Child's Name _____

The following is a checklist of information that is required for all new patients in order to properly process your therapy documentation:

OBTAIN / PROVIDE

- Doctor's prescription (*required)** – (Doctor can fax prior to appointment: 610-670-9104)
As applies, request prescription for:
 - o **Occupational Therapy Evaluation and Treatment**
 - o **Speech Therapy Evaluation and Treatment**
 - o **Physical Therapy Evaluation and Treatment**
- Driver's License** – provide a copy at your first appointment
- Insurance Cards** – provide an enlarged copy of front and back of all insurance card(s) prior to scheduling the first appointment (email to info@cpththerapy.com or fax to 610-670-9104)
- Reports or Assessments** – provide copies of relevant documentation received from previous therapy, school or medical services that may apply

COMPLETE AND RETURN

- Clinical History and Intake Form**
- Insurance Intake / Assignment of Benefits Form**
- Consent to Release/Request Confidential Information Form**
- Supplemental Forms** (required for some specific therapy services)
 - o **Self-Help Skills/Adaptive Behavior Caregiver Checklist** (OT)
 - o **Speech-Language Pathology Case History Questionnaire** (SPEECH)
 - o **Sensory Processing Measure/Sensory Profile** (NOT available on our website; form will be provided if appropriate)

FORMS TO REVIEW

You will be asked to sign an Acknowledgement of Receipt & Understanding at time of evaluation.

- Financial Policy**
- Cancellation Policy**
- HIPAA Privacy Policy**

OFFICE USE ONLY: ABN (OT PT SLP)
 Easy Pay