OT for Spirited Kids & Adults
LifeSkills, LLC

Physical Address: 505 W Northern Lights Suite 102 Anchorage, AK 99503
Mailing Address: 200 W 34th #427 Anchorage, AK 99503
Phone # 907-205-4366 cell# 907-538-5951 Fax # 1-877-409-9161
otforspiritedkids@gmail.com www.otforspiritedkids.com

(Patient's information)

Last Name: _____ First Name: _____Middle Initial: ____

Sex: ____ DOB ___/___/_____ Address: _____

City: _____, Alaska Zip: _____ Cell/Text: _____

Guardian Name (if applicable): _____ Phone: _____

Email Address: _____ Emergency Contact: _____

Primary insurance name: _____ Policy ID# _____ Group# _____

Guarantor: _____ Guarantor's DOB: ____/____/_____

Secondary insurance name: _____ Policy ID#_____ Group# _____

Guarantor: _____ Guarantor's DOB: ____/____/_____

**Initial the lines below to grant OT for Spirited Kids & Adults, Lifeskills LLC the following permissions.**

_____ I give consent for the examination and the performance of any tests or therapeutic intervention needed.

_____ I give Lifeskills LLC permission to submit billing directly to the insurance company.

_____ I am financially responsible to the services provided, co-pays, deductibles and other.

_____ I will notify Lifeskills immediately if there is a change in policy or insurance.

_____ I consent for Lifeskills LLC to contact EMS, APD in the event of an emergency.

_____ Acknowledgment of receipt of notice of privacy practices (HIPAA)

_____ I give permission for photo & video to be taken of Client for the purposes of treatment, education, & documentation.

_____ I give permission for photo & video of Client for the purposes of advertising, through brochure and website.

_____ Transportation: I give permission for my child to be transported by OT for Spirited Kids & Adults, Lifeskills LLC to and from activities such as, but not limited to, the playground, the store, and off-site field trips. (If applicable)

_____ Cancelation Policy: Please give our office 24-to-48-hour advance notice if you are unable to make an appointment.
3 consecutive cancelations may result in losing your current OT time slot.
3 canceled appointments with less than a 24-hour notice will be marked as 1 no call, no show.

_____ No Call, No Show Policy: If you have 3 appointments that are no call, no show within 2 months, your time slot will be given to another patient. Your name will then be added to the waitlist for rescheduling.

Referring Physician:_____ Phone:_____

**MEDICAL HISTORY**: surgeries, hospitalization, previous therapies, major injuries, major emotional trauma events,

1._____

2._____

3._____

4._____

Medications:

1._____

2._____

3._____

Food Allergies/ Sensitivities

1. _____

2. _____

3. _____

**Please list any specific issues that you would like to see addressed in OT.**

1._____ 2. _____ 3. _____

**Circle any areas of concern:**

sensory gross motor fine motor coordination endurance

executive functioning self-care social skills communication pain mobility

Have you had intervention elsewhere? If so, when? _____

Have you had a neuro-psychological evaluation? _____

Describe your personality: _____

_____

_____

_____

How do you best receive intervention? _____

_____

_____

| Activity | | Additional Notes - sensitive, minimal help, pain, stress |
|---|---|---|
| Walk? | Yes No | |
| Drive? | Yes No | |
| Maintain a Job? | Yes No | |
| Attend School? | Yes No | |
| Participate in Fun? | Yes No | |
| Are you a parent? | Yes No | |
| Are you in a relationship? | Yes No | |
| Are you in physical pain? | Yes No | |
| Manage finances well? | Yes No | |

Describe your sleep: _____

_____

Describe type of exercise you do: _____

_____

Describe your relationship with peers: **Aggressive** **Cooperative** **Able to negotiate** **Avoids**

_____

_____

| | | | |
|---|---|---|---|
| Are you sensitive to noises? | **Yes** | **No** | (too loud, covers ears, etc.) |
| Are you sensitive to clothing? | **Yes** | **No** | |
| Do you get sick often? | **Yes** | **No** | |
| Do you make friends easily? | **Yes** | **No** | |
| Do you take turns during conversation? | **Yes** | **No** | |
| Do you want to exercise more? | **Yes** | **No** | |

_____ _____

**Patient/Parent or Guardian Signature** **Date**

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**MEDICAL RECORDS RELEASE: Please complete the following if you would like another entity or physician, other than primary physician, to receive a report.**

**Patient Name:** _____ **Date of Birth**: _____

Take notice that I or the legally authorized representative, authorize Lifeskills LLC to release medical and health records via verbal exchange and/or paper copy that will be shared with the person or facility listed below.

Please note: Primary physician and insurance company are automatically released as needed.

**Release Medical & Health Records via Verbal Exchange and/or Paper Copy with the Following:**

| **Name of Person or Facility:** | **Relationship to Patient (E.g. Parent, School, SLP):** |
|---|---|
| **Address:** | |
| **Phone Number:** | **Fax Number:** |

This Authorization expires on the patient's discharge from OT for Spirited Kids & Adults, Lifeskills LLC.

_____ _____

**Signature of Parent, Legal Guardian, or Patient** **Date**

_____ _____

**Printed Name** **Relationship to Patient**

# Attendance Policy

## Cancelation Policy

- **Please give our office 24-to-48-hour advance notice to cancel.** Unforeseen events or illnesses do arise, but, if possible, this courtesy call allows us time to schedule other patients.
- 3 consecutive cancelations may result in your child losing their current OT time slot.
- 3 canceled appointments with less than a 24-hour notice will be marked as 1 no call, no show.

## No call, No Show Policy

- 3 appointments that are no call, no show within 2 months, your time slot will be given to another patient.
- Your name will be added to the waitlist for rescheduling.

## Late Policy

- Running late? Please let us know by text or phone so our therapist can plan accordingly.

Patient name_____ Date_____

Patient/Parent or Guardian Signature_____

**Please call or text the office cell phone – 907-538-5951 – anytime of the day or night to let us know about cancelations.**

Your appointment time is scheduled especially for you!
Please respect our time and yours by keeping us informed by phone, text, or email.
Please call if you have any questions or concerns.

Thank you for choosing us to work with your family! ~ OT for Spirited Kids and Adults

**Call**: 907-205-4266 **Text**: 907-538-5951 **Email**: otforspiritedkids@gmail.com