

6300 22 Mile Road, Suite 5, Shelby TWP, MI 48317

Telephone: (586)330-0872

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Before your appointment at Pediatric MotorWerks Occupational Therapy, LLC and Pediatric MotorWerks Physical Therapy, LLC, we kindly ask that you print and complete our Patient Registration packet and bring the completed items to our office for your first appointment. Please bring the additional items with you to your first appointment at our office:
* **Prescription for therapy from the patient’s physician**
* **A valid driver’s license**
* **An up to date insurance card**

Please understand that these items must be completed and in our office before we treat your child.

* Parents/Caregivers are more than welcome to use the time that your child is in therapy to leave and run errands. A typical treatment session is 45-55 minutes. We do require you to return at least 5 minutes before your child’s session is scheduled to end so that your child’s therapist can discuss the session and any home exercises we may need you to do. \_\_\_\_\_\_\_\_\_\_\_\_\_ Initial
* Electronic devices need to either turned off or not taken into the treatment area. This includes cell phones, video cameras, and portable games. \_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial
* We make every effort to maintain continuity of care with as few changes in therapist as possible. In the event that your child will be seen by a new therapist, we will assist families in making the transition as smooth as possible. Changes in a therapist may be made for the following reasons:
* Therapist relocation
* Therapist illness or family emergency
* Scheduling issues in which the family requests a different day of the week or time of day for ongoing therapy sessions. We will accommodate changes as they arise however this will occasionally result in the child switching therapists
* Lack of progress or ‘connection’ with the child’s assigned therapist. Our number one goal is for the child to receive maximum benefit from therapy. Occasionally, a child has a personality conflict with the assigned therapist or just doesn’t develop a good working relationship with the assigned therapist. In cases like this, it is in the best interest of the child to re-assign them to a different therapist. Additionally, the child or therapist may reach a point where the child still needs therapy but is failing to make acceptable progress. The change to a new therapist may assist the child to begin making progress once again.

\_\_\_\_\_\_\_\_\_\_\_\_\_Initial

* Pediatric MotorWerks Occupational Therapy, LLC and Pediatric MotorWerks Physical Therapy, LLC is likely to invite a family member/guardian to sessions to learn strategies and exercises to support home programs however we must consider the effectiveness of the interactions and promote learning and support home programs. \_\_\_\_\_\_\_\_\_Initial
* The focus of therapy is to encourage and challenge your child to participate in new activities of daily life. Use of play equipment is an integral part of your child’s therapy and there are inherent risks associated with use of the equipment.
* WAIVER: I understand that as a part of therapy sessions, my child may be involved in activities in a play area or on play equipment. I understand that there is some risk of injury associated with my child participating in activities involving the use of play equipment. I agree to release, hold harmless, and waive Pediatric MotorWerks Occupational Therapy, LLC and Pediatric Physical Therapy, LLC from and against all claims, injuries, liabilities or damages arising out of or related to my child’s use of the play equipment or play area. \_\_\_\_\_\_\_\_\_\_\_\_ Initial
* I understand that Pediatric MotorWerks Occupational Therapy, LLC and Pediatric MotorWerks Physical Therapy, LLC utilizes video and pictures for documentation and educational purposes within the clinic. All pictures/video are not released or used for any other purposes. \_\_\_\_\_\_\_\_\_\_\_\_ Initial
* It is the policy of Pediatric MotorWerks Occupational Therapy, LLC and Pediatric MotorWerks Physical Therapy, LLC to discharge clients for the following reasons:
  + The patient has met their goals.
  + The patient no longer demonstrates the need for intervention.
  + The patient does not appear to benefit from continued services.
  + The financial responsibility to Pediatric MotorWerks Occupational Therapy, LLC and Pediatric MotorWerks Physical Therapy, LLC is not being met.
  + The patient does not meet the require attendance.
  + At the request of the parent/guardian.
  + At the discretion of the agency.
  + Patient is competent or non-compliance with demonstrating a home program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial

I have read the above and have had my questions answered. This authorization shall expire on written notice.

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Signature Date

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Relationship to patient