

# The Handwriting Clinic™

## THE FINE MOTOR PLACE

1506 Capital Ave. Ste. 150

Plano, Texas 75074

972 633-1974

**Parent Information Form for Evaluation:** Please note - our clinic is different from most other occupational therapy clinics or educational tutoring agencies. We specifically work on fine motor skills and graphomotor skills related to developmental levels ages 3 1/2 and above. We have small objects in our fine motor labs in every classroom. We do not have equipment, or resources to work with children who are functioning below the 3 1/2 year developmental level in our private therapy or classroom activities. We work privately with students who need one on one help or more individualized help. Our group classes are for students who can attend in a group setting without significant 1:1 instruction, and who can gain skills close to the curriculum /age level within the pace of the class (knowing that they do get a significant amount of help and encouragement).

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Availability to be here:** school hours/after school, etc. Please list days of week that are good/bad, etc

**Parents name:** \_\_\_\_\_ **cell:** \_\_\_\_\_ **Permission is granted to contact me for scheduling, sending evaluation results, etc by:**  
(please check all if possible)

\_\_\_ **mail** (address: \_\_\_\_\_)

\_\_\_ **email** (email address: \_\_\_\_\_)

\_\_\_ **phone at the following numbers:** \_\_\_\_\_

**Permission for us to talk with a 3rd party:** Please specifically write any names of people that you would want us to be able to talk to about your child. We do not often talk to the schools, but if that is needed, both parties would need to fill out a waiver and we would need to preplan specific information. However, many parents need a sitter, an ABA therapist, a grandparent, a neighbor, etc to help with transportation.

**Name of person:** \_\_\_\_\_

**Name of person:** \_\_\_\_\_

**Permission is granted to discuss:**

\_\_\_ **evaluation results**

\_\_\_ **any needs/information**

\_\_\_ **only general information (homework, etc)**

\_\_\_ **to allow observation of my child**

**Any diagnosis:** \_\_\_ ADD \_\_\_ ADHD \_\_\_ Dyslexia \_\_\_ Dysgraphia \_\_\_ Disorder of written expression \_\_\_ PDD  
\_\_\_ Vision problems (acuity, convergence, etc) \_\_\_ Cognitive delay \_\_\_ Autism \_\_\_ Premature birth  
\_\_\_ hypotonia \_\_\_ hypertonia \_\_\_ muscular dystrophy \_\_\_ cerebral palsey \_\_\_ Downs syndrome  
\_\_\_ Sensory Issues \_\_\_ Emotional disorders (OCD, mood, etc) \_\_\_ Other learning disabilities  
\_\_\_ Speech or language delay \_\_\_ Seizure disorder \_\_\_ Broken bone in upper extremity of dominant hand  
\_\_\_ tendon injury in hand

### Any allergies?

We give out dum dum lollipops and bubble gum. \_\_\_ gum ok? \_\_\_ lollipop ok?

**Handednes:** \_\_\_ R \_\_\_ L

**Handwriting Style:** \_\_\_ Block (a, d, k, w, y, etc) \_\_\_ D'Nealian (k, w, y, a, d, etc) \_\_\_ cursive \_\_\_  
don't know

**Attention:** \_\_\_ attends better 1:1 with frequent redirection and encouragement.  
\_\_\_ can attend with occasional redirection to 5 minutes of fun, group instruction  
\_\_\_ attends well to group instruction

**Vision:** When was last vision exam, and what were the results:

**School:** \_\_\_ Placement in regular ed full time \_\_\_ Has 504 accommodations \_\_\_ has special education accommodations  
\_\_\_ Placement in regular ed but pull out for \_\_\_\_\_ programming  
\_\_\_ Placement in the gifted, tag, pace, etc program

Previous or current tutoring or therapy:

Areas of difficulty at school:

Areas of strength at school:

My concerns for my child are:  
are:

My goals for enrolling my child at The Handwriting Clinic,

(Please check off the following checklist: place a Y for yes, N for No

**PRESCHOOLERS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> imitates strokes  | <input type="checkbox"/> attends to coloring for 20 seconds                           | <input type="checkbox"/> sorts objects by color                |
| <input type="checkbox"/> places small items in mouth   | <input type="checkbox"/> puts objects in container                                    | <input type="checkbox"/> snips paper with scissors             |
| <input type="checkbox"/> completes simple 1 piece puzzles without help   | <input type="checkbox"/> can copy or draw a horizontal line                           | <input type="checkbox"/> copies cross                          |
| <input type="checkbox"/> copies circles  | <input type="checkbox"/> can string small beads                                       | <input type="checkbox"/> feeds self independently with spoon   |
| <input type="checkbox"/> matches letters of name   | <input type="checkbox"/> traces name  | <input type="checkbox"/> copies name                           |
| <input type="checkbox"/> attempts to color within border of shapes   | <input type="checkbox"/> verbalizes letters of name                                   | <input type="checkbox"/> attempts to copy letters              |
| <input type="checkbox"/> cuts along curved lines   | <input type="checkbox"/> colors within the lines                                      | <input type="checkbox"/> holds pencil correctly                |
| <input type="checkbox"/> attempts to copy letters  | <input type="checkbox"/> has difficulty holding pencil                                | <input type="checkbox"/> cuts forward along line               |
| <input type="checkbox"/> draws faces   | <input type="checkbox"/> cuts grossly around shape                                    | <input type="checkbox"/> writes name independently             |
| <input type="checkbox"/> buttons buttons   | <input type="checkbox"/> copies letters, but in wrong sequence                        | <input type="checkbox"/> copies letters well (not in hw lines) |
| <input type="checkbox"/> colors within a border  | <input type="checkbox"/> draws people, animals, objects                               | <input type="checkbox"/> draws actions (ex kicking ball)       |
| <input type="checkbox"/> knows Right/Left  | <input type="checkbox"/> zips zippers (except for clasp)                              | <input type="checkbox"/> copies letters within hw lines        |
| <input type="checkbox"/> my child does not seem to have any difficulty with fine motor or pre-handwriting skills - I just want him/her placed in a class or evaluated for enrichment opportunity | <input type="checkbox"/> traces straight, curved, angled 3 inch lines within 1/4 inch |  |
|  | <input type="checkbox"/> switches hands when writing                                  |  |

**KINDERGARTEN:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> writes name independently   | <input type="checkbox"/> recognizes most upper case letters      | <input type="checkbox"/> recognizes most lower case letters   |
| <input type="checkbox"/> dresses self independently  | <input type="checkbox"/> copies upper case letters               | <input type="checkbox"/> copies lower case letters            |
| <input type="checkbox"/> writes well within handwriting lines  | <input type="checkbox"/> writes numbers                          | <input type="checkbox"/> reverses numbers                     |
| <input type="checkbox"/> holds pencil with tripod grip   | <input type="checkbox"/> reverses letters                        | <input type="checkbox"/> has a funky grip on a pencil         |
| <input type="checkbox"/> dislikes fine motor/writing   | <input type="checkbox"/> ties shoes                              | <input type="checkbox"/> draws people, animals, objects       |
| <input type="checkbox"/> has difficulty with number reversals  | <input type="checkbox"/> can attend for ___ minutes to coloring, | <input type="checkbox"/> has difficulty with letter reversals |
| <input type="checkbox"/> my child does not seem to have any difficulty with skills - we are interested in enrolling for enrichment opportunities |  |   |

**FIRST GRADE:**

- |  |   |
|--|---|
| <input type="checkbox"/> writes lower case letters from memory | <input type="checkbox"/> writes upper case letters from memory          |
| <input type="checkbox"/> has trouble with letter reversals     | <input type="checkbox"/> has difficulty with number reversals           |
| <input type="checkbox"/> has difficulty with letter placement  | <input type="checkbox"/> does not remember how to write all the letters |
| <input type="checkbox"/> has a funky grasp on a pencil         | <input type="checkbox"/> seems slow in handwriting                      |
| <input type="checkbox"/> copies sentences                      | <input type="checkbox"/> composes sentences                             |

**SECOND GRADE AND ABOVE:**

- |  |   |
|--|---|
| <input type="checkbox"/> uses notebook paper at school                   | <input type="checkbox"/> has trouble with legibility on notebook paper          |
| <input type="checkbox"/> has trouble with legibility on worksheets       | <input type="checkbox"/> has trouble with letter reversals                      |
| <input type="checkbox"/> has trouble with number reversals               | <input type="checkbox"/> has trouble with placement of words/sentences on lines |
| <input type="checkbox"/> sizing of letters is poor                       | <input type="checkbox"/> has frequent spelling errors                           |
| <input type="checkbox"/> reading fluency is at/ above/ below age level   | <input type="checkbox"/> has difficulty composing sentences                     |
| <input type="checkbox"/> has difficulty reading handwritten work to edit | <input type="checkbox"/> letters do not seem legible                            |
| <input type="checkbox"/> forms letters incorrectly (ex bottom to top)    | <input type="checkbox"/> writes slowly  |
| <input type="checkbox"/> complains of fatigue/hand getting tired         | <input type="checkbox"/> complains of hand hurting when writing                 |
| <input type="checkbox"/> writes fast and impulsively                     | <input type="checkbox"/> math worksheets have poor legibility                   |
| <input type="checkbox"/> has difficulty thinking of ideas to compose     | <input type="checkbox"/> hates writing  |
| <input type="checkbox"/> primarily uses ___ print ___ cursive            | <input type="checkbox"/> uses assistive technology at school TYPE: _____        |

Please list any other areas of concern

# The Handwriting Clinic

## Assessment

- If you would like to try to submit the evaluation for insurance reimbursement, we will need to have a prescription from a physician, that says:

“Occupational Therapy to evaluate and treat” with an ICD-9 diagnosis. Usually 315.4 Developmental Coordination Disorder for Fine Motor Incoordination, is a frequently used code.

We DO NOT submit to insurance plans. You are required to pay for services as services are rendered. We will provide you with a receipt for you to submit to your insurance company - if we have a prescription. We do not employ medical billing staff and most of our students are private pay. This allows us to keep rates low, and serve children who would not qualify for insurance reimbursement - 80 percent of our clientele.

Often, the evaluation may be reimbursable by insurance plans, but only if we have received a prescription prior to the assessment.

We can do evaluation without a referral, for non medical conditions - however, that evaluation will not be reimbursable by insurance plans. Many parents choose to do this - our evaluation rates are very low.

Non-medical conditions do not require a referral. However, a referral may be requested at any time during the evaluation or treatment process when necessary to insure the safety and welfare of the client if the therapists determines that the client has a medical condition that warrants a referral.

- Many of our students will not qualify for insurance reimbursement after the evaluation. If a student attends a class, the class is NOT reimbursable for insurance. If a student attends private therapy - much of our private therapy may be more considered “tutoring” for handwriting and fine motor skills. However, if there is a fine motor delay that we are directly treating through private therapy services, we can provide coded forms for the parent to seek reimbursement by the insurance company,

## Evaluation/Screenings:

Please bring:

1. (Evaluation only) Prescription if warranted or if you would like to submit for insurance reimbursement (or fax to 214 291 5435)
2. If possible, sample handwriting papers from school (fill in the blank worksheet, math worksheet, journal, etc - just 3 samples are fine. We will get samples during the evaluation.
3. Filled out parent information form.
4. If a grandparent, nanny or other caretaker is bringing your child, and you would like us to discuss results of the evaluation or recommendations, please put their name on the communication form.
5. (Evaluation only) We usually work with the child for approximately 30 minutes to an hour - taking some time to add a little fun. We also work through some curriculum, to give some initial training and see the child's response. Then we discuss the evaluation results with the parent. Prepare to be at the clinic for an hour and 1/2. It is sometimes difficult to discuss evaluation results with parents if the parent brings young children, or if the student being evaluated does not play independently with our toys. If you feel like you will need a separate conference because you need to bring young children to the evaluation, please discuss this with our office staff so they can arrange an evaluation and then a conference at a later date - otherwise, we schedule an hour and 1/2 for the evaluation/conference or an hour for just the evaluation and 30 minutes for a conference at a later date.
6. {Screening only}- screenings are just for class purposes, cost \$50, and are limited to 15/20 min with the child and 10 to 15 min with the parent. Screenings are usually reserved for determining classes for children, or for some quick tutoring work. If you think your child may need private therapy, it is usually best to do an evaluation. We can screen children but if there is a need for private therapy, we will have to do a separate evaluation and plan of care at a later date so it is more cost effective to do an evaluation in the first place.
7. To be placed in our classes, your child needs to be able to do some independent work after instruction, and progress at a rate sufficient to keep up with the other students. Our curriculum is geared for students to master 3 to 5 letters a day in group classes. If you think your child may need a group class, we recommend going ahead and registering for classes, and putting a hold on that student. That insures that there is a spot open for your child while we wait for the evaluation. If you are fairly confident that your child may need private therapy - we often can reserve a spot prior to the evaluation. Occasionally we get students in for evaluation, and there is a delay in being able to get them into a class or therapy slot - due to our schedule OR the child's schedule. We do our best to accommodate as many students into our program as possible. Please discuss scheduling with our office staff, and get an idea of options. The therapist that does the evaluation will not know scheduling options, but will be able to provide recommendations.

# The Handwriting Clinic

## Attendance Policy for Private Therapy

- Children who come consistently to therapy at their regularly scheduled appointment times make the most progress, however we do understand there are times when it is necessary to cancel a session.
- We follow health department regulations, which state that a child must be fever free for 24 hours. If there is nasal discharge that is not clear, or discharge from the eyes, then your child may be contagious and should not come to therapy. Cancellations must be made before 9:00 AM for sick children.
- The Handwriting Clinic requires 24 hours notice if you cannot make your appointment for other reasons.
- No shows will be billed for the missed session at the cost of \$50 to the client for 1 hour appointments and \$30 for 1/2 hour appointments and must be paid prior resuming services.
- If there are greater than 3 cancellations made in a 2 month period then therapy may be terminated at that time.
- Anyone requesting an exception to the attendance policy due to unforeseen circumstances must speak with the Director, Jan McCleskey.
- Please allow us as much advanced notice as possible for advanced cancellations, vacations, scheduled cancellations,.

***If there is a sudden need to cancel an appointment within 24 hours of the appointment, the policy is that the parent needs to inform the clinic at the above number, AND the therapist/teacher's cell number – this is because there is often no office staff on weekends or late afternoons to check the voice mail. Your therapist/teachers cell ph number is \_\_\_\_\_.***

By signing below, I have read and understand the policies and procedures having to do with attendance listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Handwriting Clinic**  
**1506 Capital Ave, Ste 150**  
**Plano, Texas 75074**  
**972 633 1974**

**COMMUNICATION AUTHORIZATION**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), The Handwriting Clinic will not release confidential health information, either in person or by telephone, email, or fax to any unauthorized people. When returning telephone calls, we will not leave a message on an answering machine or voicemail unless we are authorized in writing to do so. Also, information will not be given to an unauthorized person who may answer your telephone (either at home or work).

If you would like to authorize us to release medical information to someone other than yourself or to leave information on a recording device, please complete the following:

I authorize the staff of The Handwriting Clinic to release confidential medical information pertaining to my care by the following methods and to the following people. I understand that it is my responsibility to notify The Handwriting Clinic if this authorization information changes.

**It is okay to give confidential medical information to:**

**Names:**

**It is ok to send evaluation reports and medical correspondence to the following addresses, fax numbers or email addresses.**

We do leave messages and do email correspondence for scheduling and general questions relating to our services and recommendations for your child.

\_\_\_ yes, it is ok to correspond with any email or phone numbers provided during telephone, email or faxed contact that the parent or guardian has provided.

\_\_\_ I would like to limit scheduling, non confidential information, to only the above phone, fax or email addresses listed.

**Patient/Guardian Name:**

I acknowledge that this authorization can only be amended or rescinded by my written authorization.

\_\_\_\_\_

**The Handwriting Clinic**  
**NOTICE OF PRIVACY POLICIES AND PROCEDURES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

**Introduction**

At The Handwriting Clinic we are committed to treating and using protected health information (PHI) about you responsibly. We are required by law to give you this notice. This notice describes information about privacy practices followed by our healthcare professionals, employees and staff who are authorized to enter information into our clinic records and/or have access to these records. It also describes your rights as they are related to your PHI.

**Understanding Your Health Record/Information**

Each time you visit The Handwriting Clinic for private therapy, a record of your visit is made. Typically, this record contains your diagnosis, treatment and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care, treatment and services
- Means of communication among the any health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify services billed were actually provided
- A tool in educating health professionals
- A source of data for planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcome we achieve

**Your Rights Regarding Health Information About You**

Although your medical record is the physical property of The Handwriting Clinic, the information belongs to you. You have a right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or alternative locations
- Request a restriction of certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information, except to the extent action has already been taken

**Our Responsibility**

The Handwriting Clinic is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

**How We May Disclose Health Information About You**

The Following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information fall within one of the categories.

For Treatment – We may disclose health information about you to therapists, teachers other clinical personnel who are involved in taking care of you at our facility. For example, information may be shared should your primary therapist not be available and you are treated by an associate. We may also disclose health information about you to people outside the clinic who may be involved in your medical care after you leave our facility, i.e., physician who orders services.

**For Payment** – We may use and disclose health information about you so that treatment and services you receive may be billed to and payment may be collected from you or your insurance company. For example, we may need to give your health plan information about services that we performed so your health plan will reimburse you for those services.

**Required By Law** – We will disclose health information about you when required by federal, state or local law.

**Public Health** – As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement** – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards, and we are potentially endangering one or more clients, workers or the public.

**Changes To This Notice**

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. All changes will be updated and posted in our offices.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

**For More Information Or To Report A Problem**

If you would like to submit a complaint about our private policies, you may submit a letter outlining your comments and/or concerns to:

Attn: Jan McCleskey, MA, OTR

The Handwriting Clinic

1506 Capital Ave, Ste 150

Plano, Texas 75074

972 633-1974

If you believe your privacy rights have been violated, you can file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Ave., S.W.

Room 509F, HHH Building

Washington, D.C. 20201

## **Consent to Use and Disclosure of Protected Health Information Client Acknowledgement Form**

### Use and Disclosure of Your Protected Health Information

Your protected health information may be used by The Handwriting Clinic or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

### Notice of Privacy Policies and Procedures

Our "Notice of Privacy and Procedures" provides information about how we may use and disclose protected health information (PHI) about you. As stated in our "Notice of Privacy Policies and Procedures", the terms of our notice may change at any time. You should review the "Notice of Privacy Policies and Procedures" for a more complete description of how your protected health information may be used or disclosed.

### Signature

I acknowledge I have been offered or have received a copy of our "Notice of Privacy Policies and Procedures".

I have reviewed this consent form and give permission to The Handwriting Clinic to use and disclose my information in accordance with it. I consent for treatment at The Handwriting Clinic.

I agree and understand that my minor child or I may be treated and discussed in an open concept with other clients and/or parents present. I further understand that should I elect to have treatment or discussion in a closed environment, The Handwriting Clinic will make every attempt to provide this service. Payment is due at the time services are rendered.

\_\_\_\_\_  
Name of Client (Print)

\_\_\_\_\_  
Signature of Client (if 18 or older) or parent/guardian

\_\_\_\_\_  
Date