



The Handwriting Clinic
Fine Motor Occupational Therapy
 1771 International Parkway, Ste. 101
 Richardson, Texas 75081
 P: 972 633-1974
 F: 214 291-5435

REGISTRATION FORM (all students)

Child's Name: _____ Nickname: _____ Age: _____
 Grade: _____
 DOB: _____ School: _____
 Address: _____

Parents name:
 (M) _____ cell: _____ other ph: _____
 email: _____
 (F) _____ cell: _____ other ph: _____
 email: _____

Please list special circumstances – who is allowed to pick up child (sitter, grandparent, non-custodial parent, etc)

Handedness: ___ R ___ L

Handwriting Style: ___ Block ___ D'Nealian (we will call this "snail tails")

We give out dum dum lollipops and bubble gum during workbooktime: . ___ gum ok? ___ lollipop ok?
 If not ok, please provide an alternative lollipop or small treat if your child is young.

Allergies:

Important medical concerns: (ADD, dyslexia, learning differences, low tone, sensory, etc).
 Please list:

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:

My goals for enrolling my child at The Handwriting Clinic:

I authorize The Handwriting Clinic to take NON-IDENTIFYING photo's of my child (grasp on pencil, tongs, therapy tools, pictures of my child's work, etc:

yes (initial)

no (initial)

The Handwriting Clinic has a therapy dog who usually comes a few hours a week. He is certified through a national organization called Pet Partners, and undergoes re-testing every 2 years. If you would not like your child to be around the dog for any reason, please indicate this below. We can keep him in the office.

It is ok for my child to be around the dog

I do not want my child to be around the dog.

My signature acknowledges that I have read the clinic policies and procedures and am aware of the information contained.

*****Please read the attached Clinic Policies, Wellness and Attendance Forms**

Parent or guardian

Child

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Welcome to The Handwriting Clinic FORMS

We are very excited that you are considering placing your child at the clinic for classes or therapy!
We want to welcome you and give you an explanation of our clinic and provide you with some forms.

First, we provide classes for fine motor, handwriting and keyboarding. While we are an occupational therapy facility, we are different from most. We see a majority of children and teens who would not necessarily qualify for medical reimbursement, in group classes. The clinic was started on the premise that so many students need help in fine motor and handwriting skills that there needed to be a place to serve this population of students. Most insurance companies will only reimburse for medically based occupational therapy services and not for school-based or developmental conditions. Children with ADHD, dyslexia, dysgraphia, a disorder of written expression, etc. would not qualify for insurance on those diagnoses alone. We serve many students who are in advanced academics as well, who only struggle with handwriting. We find that most children have trouble with handwriting and fine motor skills, because these skills are taught at an early age and expectations are high for these skills within the school setting. Handwriting and fine motor skills are often not emphasized in school, and some students just struggle more than they need to. Developmentally, children are more ready with the fine motor skills and visual motor skills closer to their 6th birthday, yet these skills are now taught in preschool. Many children develop bad habits, poor sequencing and an immature grasp pattern on a pencil for this reason. Even children who are gifted, develop fine motor skills more commiserate with their chronological age level. The services we provide in our group classes would be considered more as developmental readiness or tutoring, rather than occupational therapy. However, the classes are taught by occupational therapists. Classes are not reimbursable for insurance.

There are some children who need private therapy and they would possibly qualify for insurance reimbursement. Many of these students receive 504 or special education services at school, and might have a diagnosis. Please note, most insurance companies will only reimburse for medically based occupational therapy services and not for school-based or developmental conditions. Therefore we are asking that your physician state that your child's occupational therapy needs are a medical necessity. This is traditional occupational therapy, and we are a registered occupational therapy facility with the state of Texas.

We also have many children who need some extra help that receive private therapy. Due to scheduling, some parents prefer private therapy. Some students just have needs that are not addressed in our group classes, and need brief or more intense private therapy. Private 1:1 therapy is extremely beneficial, because we can individualize what your child may need. We also see some children briefly to target a few individualized skills such as number reversals, that were not addressed in classes. Most students in our private therapy program are private pay. However, if there is an ICD-10 diagnosis that your physician supplies on a referral form, and if the physician states on the referral form that there is a medical necessity for occupational therapy, we can provide medical billing forms to allow a parent to seek reimbursement. Because insurance does not reimburse for educational skills, we keep our private therapy rates significantly lower than the average clinic, even though our clinic is a specialty clinic. It is the parents responsibility to contact the insurance provider to verify occupational therapy office visit benefits (including referral, authorization, updated prescriptions). We are a small clinic where the majority of our students are private pay. Therefore we do not have the staff or the billing companies that other clinics might utilize. There are medical referral documents included in this packet. These documents are not a guarantee of approval from your insurance company.

If you have any questions, please do not hesitate to call our office at 972 633-1974. It is sincerely our privilege to be able to work with your child.

CLINIC WELLNESS FORM FOR CLASSES OR PRIVATE THERAPY

Please do not bring your child to the clinic if they are experiencing any of the following:

Fever: Our policy is that your child must not have a fever. If your child has had a recent fever, we ask that your child be fever free for 24 hours prior to returning to the clinic. The 24 hours begins when your child's fever is not reduced by the means of anti-fever medications.

Diarrhea/Vomiting: Please do not bring your child to the clinic if he or she is showing any signs of diarrhea. Your child should remain free of diarrhea or vomiting for 24 hours prior to any return to the clinic. We often do active activities and when children return prematurely, there is a much higher risk of recurrence.

Severe Common Cold: Please do not bring your child if they have a bad cold with a significant hacking or persistent cough, green or yellow nasal drainage phlegm. These symptoms may be present with or without a fever.

Allergies: Seasonal allergies are exempt from this policy, but if your child is having allergies to the point that they are significantly sleepy, sneezy or miserable, it is your decision whether bringing your child would be beneficial. Please do not bring your child with evidence of a contagious cold, and call it "allergies". Children with allergies may have drainage, but it is clear! Also, children with allergies usually have a history of allergy symptoms and their parents clearly recognize allergy symptoms versus colds.

Rash: A rash can be a symptom of many illnesses that are contagious. Please do not bring your child to the clinic until your physician releases you to do so. Rashes that are non-contagious skin conditions are exempt from this policy.

***** During the winter months, you might consider bringing your child's own pencil. We periodically clean pencils and other utensils, but having their own pencil may decrease the chance of spreading germs.**

ATTENDANCE POLICY FOR CLASSES

Children who come consistently to therapy at their regularly scheduled classes make the most progress, however we do understand there are times when it is necessary to cancel a session. Make ups are given by placing your child in another class for the missed session. Preference is given to attempting to place a child in a class that is working on the same material. We also have OT or university students on internship at our clinic, and if available, will do makeups with these students at no charge. All make up sessions need to be scheduled with the office within a week of the missed session, although the make up session may be scheduled to actually take place at a later date. 1:1 make up sessions are 45 minutes in length. We only allow one student to be in a class for a make up - as our classes have 4 - 5 students, and we can only provide good programming with one extra student. We can also provide a private session for a make up, but there is a private therapy charge should you decide this option. Unless there is significant extenuating circumstances and approval from our office, we will allow makeups as follows:

- For an 8 session/hour class, we allow one make up session.
- For a 12 to 16 session/hour class, we allow 2 make up sessions.

LATE ARRIVALS

If you are late for an appointment, we will still need to end classes or sessions at the designated time.

COMMUNICATION

The instructor for the classes will meet with you the first day of class and provide a short conference with the parents on the last day of class. The instructor will meet briefly with parents on other days, mostly to discuss what the students did in class, and to give information on homework. For private therapy, we will communicate with the parent at the end of each session. Please allow us to start the next student or class on time.

HOMEWORK – CLASSES OR PRIVATE THERAPY

We have a parent portal for homework. For students in classes, we expect that the parent will work with the child at home between classes. For young children pre-k – first grade, we want the parents to work on patterning letters through "scribble" sheets or through multi-sensory work. For older children, we expect the students to write a "sentence per day" to practice the handwriting paper that the child is using. We also may have suggestions for using specific grips or doing work on fine motor skills through home programs. The students who consistently do homework, and have parents practice the skills, are the students that make the most progress. Handwriting/keyboard/fine motor skills are all motoric activities. Think of practicing the piano, or doing a sport – there is motor practice that turns learning into skill. This is the same with letters, eye hand coordination, grasp, keyboarding, etc.

Clinic Policies

Clinic and Waiting Room – Please supervise your children in the waiting room. No open containers of liquids please.

Parking Lot – Please supervise your children in the parking lot. We cannot overemphasize how strongly we feel that children stay close by or hold your hand with full attention. There is often a lot of traffic between classes or appointments.

Clinic – There are fine motor labs that are put out in the clinic for the purpose of working with classes or therapy. We also have an abundant number of items on shelves. Students are not allowed to handle items on the shelves. We have a firm policy that siblings are not allowed on the equipment, in the fine motor labs or in general, playing with objects on shelves. This includes time during parent training.

Interns – The Handwriting Clinic has many interns during the year from universities - OT students in master's or doctoral programs. A background check has been done on each student through each respective institution. These students may or may not be involved in the services at the clinic with your child. A therapist is always on site and these students function as a therapist under supervision.

Volunteers – The Handwriting Clinic has many volunteers at the clinic – most are pre-OT students getting observation hours. They will always be in direct supervision of the therapist and not left alone with the students. These volunteers have been given privacy instructions for patient records, communication etc. Please be aware that the volunteers may see clinic records, notes, scheduling.

Therapy Dog Consent – The Handwriting Clinic has a therapy dog, that is certified through a national organization called Pet Partners. The dog has undergone extensive training for obedience and working in social situations, as well as passed a testing every two years for certification. We utilize the therapy dog usually as part of animal assisted therapy with private students, although he is often around during classes. We completely understand that some children do not feel comfortable around dogs. The dog is kept in the office or crated during times when we have students who do not feel comfortable with the dog at the clinic.

Class Pre/Post Tests and “Parent Training” For classes, we will take handwriting samples and assessment data for pre and post testing. We also will take data on fine motor skills and grasp. Since classes are considered educational tutoring, we will discuss general class recommendations for homework and progress with whomever you designate to pick up your child. We do consultation on progress with whomever attends the last class session.

Individual Class Screenings or Assessment: If you are bringing your child for a screening or assessment, please be aware that we do consultation with the parent during this time. If you have very young children, you might consider getting child care for this one appointment. We often have parents sit in for the assessment time, if there are no siblings. Also, we ask that a parent attend this appointment, as we cannot discuss assessment results with grandparents, sitters. Assessments are required for all private therapy students, unless a student is only doing a “class” on a one on one basis, or a short term session for number or letter reversals. Students attending our classes do not need a screening or assessment, unless there is a concern or if a parent would like some more in depth screening.

Photo release: We often take photo's of grasp patterns, and non-identifiable work the student has done. These are used on our website, in brochures, on our clinic facebook page, for workshops and for parent training. No part of the student's face or name is identifiable. Often we take pictures to show correct versus incorrect grasp, to show the students and parents the difference. We have a separate photo release that we use with parent permission for taking photo's of children. We ask that you do not take pictures of children other than your own while on clinic premises unless you have specific permission from other parents.

Financial agreement: The Handwriting Clinic requires payment in full for all classes or private sessions as services are rendered. We do not submit for insurance reimbursement. Occasionally our part time office staff is not here for appointments or classes. Please arrange to pay for all classes prior to the first day or arrange with our office for payment. Our therapists do not do billing and scheduling. For private therapy appointments, assessments, please arrange with our office prior to the appointment, how services will be charged. You can bring a check to the appointment, or arrange to have a credit card on file for her to charge the following day.

PRIVATE THERAPY STUDENTS

The following section contains paperwork for private therapy students only. If your child is attending classes only, you **do not** need to fill out these forms.

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Clinic Policies for Private Therapy

Therapy Sessions:

½ hour sessions = 25 minutes of therapy plus 5 minutes of parent education

45 minute sessions = 40 minutes = 40 minutes of therapy plus 5 minutes of parent education

60 minute sessions = 55 minutes of therapy plus 5 minutes of parent education

***Please allow us to start the next session on time. We realize that sometimes there is a need for more consultation. An example would be to discuss a recent school meeting, etc. If you call our office prior to the session, we can schedule 15 minutes of your child's therapy to parent/therapist education, or schedule a separate consultation meeting.

Insurance coverage: I understand that in the state of Texas, a physician's referral is not needed for an assessment unless there is an acute condition. If I will be paying privately for services, then I do not need a prescription if there is not an acute condition. However, if I am considering private therapy for treatment that is medically necessary, and plan on submitting receipts to my insurance company, I will need to have a physician's referral/prescription on file before or at the first visit. We will need the ICD 10 code in order to fill out medical receipts. I will then give a copy of the Plan of Care to my child's physician. I understand that it is my responsibility to contact my insurance company for coverage, authorization, number of visits, and that there may be no guarantee of coverage of benefits.

Payment and Billing: Payment is due as services are rendered regardless of private pay or filing for medical insurance. Please check which method of payment you authorize:

- Storage of credit card (encrypted) on our billing website, with authorization to charge each session.
(** If our office staff is not in the office, we will charge the next day)
- Payment by check (please put check in our check box)
- Cash (please give directly to our office or the therapist, and do not put in check box)

Late cancellations: We kindly request 24 hours notice for a cancelled appointment so that we can adjust the schedule. We spend a good deal of time treatment planning for your child before each session.

_____ initial

No shows: Appointments that are not cancelled are considered a "no show". No show appointments are charged ½ the rate of the scheduled therapy session.

_____ initial

Parent or guardian

Date

Child



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Communication Consent Form

Therapy Sessions:

- ½ hour sessions = 25 minutes of therapy plus 5 minutes of parent education
- 45 minute sessions = 40 minutes = 40 minutes of therapy plus 5 minutes of parent education
- 60 minute sessions = 55 minutes of therapy plus 5 minutes of parent education

I give permission for The Handwriting Clinic to contact me in the following methods regarding my private health information, evaluation, treatment and appointments. I authorize The Handwriting Clinic to leave messages for me when I am unavailable. I understand that an email will be sent for appointment reminders through the email opt in portion of our scheduling software.

Please check or denote with an X, which method we can contact you:

<input type="checkbox"/> Home phone _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> cell phone (M) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> cell phone (F) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> work phone (M) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> work phone (F) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> Text messages (M) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> Text messages (F) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> email (M) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only
<input type="checkbox"/> email (F) _____	<input type="checkbox"/> Message with information	<input type="checkbox"/> Message with call back number only

I authorize The Handwriting Clinic to discuss my child’s healthcare information with : (you might consider adding sitters, grandparents, etc. if they will be picking up your child)

Parent or guardian

Date

Child

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To parents who are submitting for insurance reimbursement:

Please give the attached letter (next page) to your physician to get a referral.

It is my understanding that the ICD 10 diagnoses are very specific. Medically based codes are more reimbursable than anything with a developmental delay. Please work with your insurance company and your physician to determine the best codes. Autism, Down syndrome, Fragile X, Hypotonia, Developmental Coordination Disorder – these are more medically based and likely more reimbursable. Your physician may be very helpful in knowing more billable ICD-10 codes.

Please note, most insurance companies will only reimburse for medically based occupational therapy services and not for school-based or developmental conditions. Therefore we are asking that your physician state that your child's occupational therapy needs are a medical necessity.

Please give the original document to The Handwriting Clinic as soon as possible so that we can code and give medical receipts for your child's visit. Feel free to call us if you have any questions. However, remember that it is your responsibility to contact your insurance provider to verify occupational therapy office visit benefits (including referral, authorization, updated prescriptions) etc. These documents are not a guarantee of approval from your insurance company.

Jan McCleskey, MA, OTR
Clinical Director

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Patient: _____
Therapist: _____
Date: _____

Referral for Occupational Therapy

Dear Physician:

Your patient _____ is currently considering occupational therapy services with our clinic and we are requesting a physicians referral to evaluate and treat.

Although in Texas, OT's that treat non-acute conditions do not need a physicians referral, insurance companies often require documentation of a physician referral for consideration of reimbursement.

Please include the following on a prescription or letterhead:

- "Occupational Therapy to Evaluate and Treat"
- ICD-10 Diagnostic Numeric Code (please only use appropriate medical necessity based codes related to the child's need for therapy). Please void using all developmental diagnostic codes, i.e. ADHD, PDD, Sensory Integration Disorder, or Developmental Delay/Disorder, as these codes, as well as other similar ICD-10 codes, are usually not accepted by the insurance companies.
- Descriptive Name of the ICD-10 Code.
- A statement of medical necessity that the treatment is medically based, not developmentally based.

**Please mail the accompanying form to the address above.
Thank you for your support of this child and his or her family.**

**Jan McCleskey, MA, OTR
Clinical Director**