

Name of Preschool or School: _____

*** School Hours: _____ *** Days: _____

Previous Physical, Occupation and Speech Therapy History: (name of therapist, location and for how long)

What would you like for your child to achieve in physical therapy?

Sibling and Family Pet names: _____

Child's favorite activities: _____

Person to Contact in Case of Emergency: (please list at least two contacts with complete address and phone numbers)

- _____ I have signed a statement of release
- _____ I have received, reviewed and signed the FACT SHEET
- _____ I have received and reviewed the clean-up reminder
- _____ I have received, reviewed and signed the Notice of Privacy Practices
- _____ I certify this information to be true and correct to the best of my knowledge
- _____ I will notify the office of any changes regarding my medical insurance coverage.

Print Name of Parent

Signature of parent

date