



No Stone Unturned Therapeutic Learning Center – 1133 College Ave. E230 – Manhattan, KS 66502 – P: 785-587-1825 – F: 785-587-1828

## **No Stone Unturned Therapeutic Learning Center**

Welcome to No Stone Unturned, TLC. Thank you for choosing us as your child's therapy provider. We are a multi-disciplinary collaborative-based pediatric therapy clinic offering physical therapy (PT), occupational therapy (OT), speech therapy (ST) and applied behavioral therapy (ABA) in a team approach. We strive to optimize each child's true abilities through our comprehensive and individualized therapy services.

As the first step in our registration we ask that you complete and return our clinic intake paperwork and provide the below listed items in order to initiate the evaluation process:

- New patient intake paperwork
- IEP or IFSP (if applicable)
- Copy of responsible party's insurance card and identification

Our new patient intake paperwork can be located on our website, [www.nostoneunturnedtlc.com](http://www.nostoneunturnedtlc.com) or picked up in our office, at 1133 College Ave. Suite E 230.

**Once we receive this information you will receive a welcome letter and your child will move to our active wait list in order to be scheduled for evaluation(s) in their referred discipline(s).**

We appreciate your timeliness and are excited to meet your family!

Sincerely,

Petra Crosby, MOT, OTR/L  
Clinic Director  
Pediatric Occupational Therapist  
No Stone Unturned, TLC  
(p) 785-587-1825  
(f) 785-587-1828



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## Welcome to No Stone Unturned, TLC!

We appreciate the opportunity to work with you and your child. Please read through and complete all paperwork before your arrival. We ask that you **please arrive 15 minutes prior to the start of your scheduled evaluation appointment.** We encourage that siblings do not attend the evaluation appointment due to the length of the appointment time and to minimize distractions.

After completion of this packet, please sign below and return to No Stone Unturned in order to be placed on our active wait list and be scheduled for evaluation(s) in the referred discipline(s).

Thank you for your confidence in No Stone Unturned, TLC. We look forward to working with you and your family.

This packet includes the following:

- Intake paperwork: General Info, School Info, Billing and Insurance.
- Video & Picture release, Consent to Release Info, Electronic Correspondence Consent, Consent to Treat and Authorization of Payment.
- Child Case History.
- Attendance policy & drop off policy (**FOR YOUR RECORDS**).
- Parent Attendance, Sick Policy, Financial Policy, Child Abuse, and Judicial Policies (**FOR YOUR RECORDS**).

My signature below is confirmation I have read and/or received all necessary paperwork and I agree to ALL terms and conditions. I further acknowledge I have informed No Stone Unturned, TLC of all necessary information and have answered all questions truthfully and the best of my ability.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **General Information**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**\*\*\*TO BE SIGNED IN OFFICE\*\*\***

**I have received No Stone Unturned Notice of Privacy Policies and Practices. (NSU's complete Notice of Privacy Policy is also available to review online at [www.nostoneunturndtlic.com](http://www.nostoneunturndtlic.com) and copies are available at our front desk.)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Billing Information**

Person responsible for payment: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

## **Primary Insurance Information:**

Insurance Company: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's SSN: \_\_\_\_\_

## **Secondary Insurance Information:**

Insurance Company: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's SSN: \_\_\_\_\_

**Please make sure to give a copy of your Picture ID and Insurance card(s) to the front office at time of evaluation.**

**\*\*PLEASE FILL IN ALL INFORMATION\*\***



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## **Video and Picture Release**

\_\_\_\_\_ I give permission for my child's picture/video to be used by No Stone Unturned, TLC for the purpose of training other professionals or paraprofessionals.

\_\_\_\_\_ I give permission for my child's picture/video to be used by No Stone Unturned, TLC for marketing/publicity.

\_\_\_\_\_ I do not wish my child's picture/video to be used for any purpose other than training his/her specific clinical team.

## **Electronic Correspondence Consent**

I understand that there are risks associated with unencrypted email. Federal regulation imposes a "duty to warn" and advises that a third party could potentially read clients email communication.

\_\_\_\_\_ I understand the following and authorize the use of email or other electronic formats of communication. Email address: \_\_\_\_\_

\_\_\_\_\_ I understand the following and DO NOT authorize the use of email or other electronic formats of communication.



**PLEASE READ AND INITIAL EACH STATEMENT**

\_\_\_\_\_ **CONSENT TO TREATMENT:** I consent to rehabilitation and related services at NO STONE UNTURNED, TLC. In doing so, I understand, acknowledge and affirm that such rehabilitation and related services may involve physical contact.

\_\_\_\_\_ **PATIENT RESPONSIBILITIES:**

**INSURANCE:** Benefits vary between health insurance companies and within insurance plans. Some plans require pre-authorization for therapy services. Please make sure that you have pre-authorized your treatment if necessary. It is your responsibility to understand the limitations of your policy. If you have any questions, contact your plan administrator or the insurance company’s customer service department. You are responsible for payment of non-covered services, deductibles, co-insurance, and co-payments.

\_\_\_\_\_ **RECEIPT OF PRIVACY PRACTICES:** We are required by law to provide this notice to you and obtain your acknowledgement of this receipt to providing any services to you. I acknowledge receipt of Notice of Privacy Practices.

**I certify that all the information provided herein is true and correct.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## **Crisis Prevention Intervention Policy**

The staff at No Stone Unturned is certified in Crisis Prevention Intervention (CPI). CPI is an organization that specializes in training and consulting in behavior management. The purpose of this training is to **reduce the risk of injury, comply with legislative mandates, meet regulatory and accreditation standards, and minimize exposure to liability.**

As we know, children respond in different ways to stressful situations. Some children exhibit behaviors harmful to self and others. The staff at No Stone Unturned will discuss with you and your child ways to calm down and regain control.

Our therapists will discuss with you and your child which interventions will be most helpful to your child when he/she becomes frustrated, angry, or agitated. Should the verbal de-escalation methods not be effective and should there be a risk that your child might harm him/herself or others, staff may need to intervene with CPI nonviolent physical crisis techniques to ensure the safety of your child and others. The use of restraint is ALWAYS considered as a LAST RESORT and will only be used when other interventions have been exhausted. A physical restraint, used only in an emergency situation, restricts a struggling individuals freedom of movement.

Should your child have an experience of being restrained or secluded you will be notified of the incident immediately and you and your child will be asked to follow-up with clinic staff to discuss the experience, determine what can be done differently to prevent another occurrence, and to reevaluate/revise the Behavior Safety Plan.

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Parent/Guardian Signature

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Date



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**Primary Areas of Concern:** Check all that apply under each of the disciplines.

### Occupational Therapy

- Holding small objects, like crayons
- Using clothing fasteners/dressing
- Manipulating toys
- Self-Care
  - Feeding
  - Tying shoes
  - Bathing
  - Grooming
- Potty training
- Scissor use
- Ball skills
- Stacking blocks
- Puzzles
- Interacting with others
- Anxiety
- Emotional regulation
- Attention
- Processing information
- Following directions
- Fatigue
- Poor posture
- Low muscle tone
- Printing, drawing, coloring
- Sorting, matching
- Limited arm motion of arms, hands, fingers or other body parts

### Physical Therapy

- Difficulty tolerating tummy time
- Difficulty sustaining attention or engagement
- Not weight bearing through legs
- Bottom scooting
- Not running, jumping or skipping as same aged peers
- Difficulty with stairs
- Unable to throw or kick
- Frequent falling
- Frequent tripping
- Difficulty planning movements
- Limited movements in arms, legs head or other areas
- High tone (stiff or rigid)
- Low tone (loose or floppy)
- Toe walking
- Sway with gait
- "W" sitting
- Leaning on objects
- Slumping
- Head flattening/tilting to one side
- Fatigue
- Shortness of breath
- Weight loss
- Activity tolerance





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**Primary Areas of Concern:** Check all that apply under each of the disciplines.

### Speech

- Producing speech sounds
- Difficulty with speech patterns
- Stuttering
- Cluttering words
- Difficulty with planning or coordinating speech
- Difficulty with memory, problem solving and attention
- Difficulty in understanding language
- Decreased ability to use language
- Decreased ability to communicate with each other
- Difficulty chewing and/or swallowing
- Decreased use and/or function of the facial muscles

### ABA Therapy

- Crying or screaming
- Aggression
- Self-injurious
- Refusal to complete tasks
- Negative behaviors
- Food refusal
- Appropriate play skills
- Conversation skills
- Compliments/Positive Statements
- Appropriateness
- Difficulty requesting
- Difficulty imitation skills
- Labeling pictures of items, functions, features of items, adjectives and associations
- Difficulty matching, sorting or patterns
- Negative behaviors during self-care
- Tooth brushing
- Washing hair
- Wearing clothes, hats, gloves and shoes
- Negative behaviors during appointments (Dentist, hair cut)



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## Confidential Personal History

**Today's date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_  
 Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Adopted: Y \_\_\_ N \_\_\_

Reason for Referral: \_\_\_\_\_  
 Referred by: \_\_\_\_\_  
 How did you hear about No Stone Unturned TLC: \_\_\_\_\_  
 Did you hear about No Stone Unturned TLC through video advertisement? Y \_\_\_ N \_\_\_

Caregiver's Primary Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Caregiver Information

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_

### Additional Caregiver Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone



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## School/Daycare Information

Name of School/Daycare: \_\_\_\_\_

Stays home with \_\_\_\_\_ during the day.

Teacher's Name: \_\_\_\_\_ Current grade: \_\_\_\_\_

Academic Concerns: \_\_\_\_\_

Does your child currently or have they previously received school-based services? YES NO

If so, please provide the types of therapy and frequency. (IEP or IFMP may be required)

\_\_\_ Speech therapy

If yes, date of last evaluation: \_\_\_\_\_ Facility: \_\_\_\_\_

\_\_\_ Occupational therapy

If yes, date of last evaluation: \_\_\_\_\_ Facility: \_\_\_\_\_

\_\_\_ Physical therapy

If yes, date of last evaluation: \_\_\_\_\_ Facility: \_\_\_\_\_

\_\_\_ ABA (Applied Behavioral Analysis)

If yes, date of last evaluation: \_\_\_\_\_ Facility: \_\_\_\_\_

## Child's Physicians or Health Care Providers:

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Child's Last Medical Checkup: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_



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## Family

Child's Living Arrangements (Who lives in the home with the child, names and ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant medical history of parents and/or siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any traumatic family events in the course of this child's development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major moves? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the primary language spoken in the home and are there any additional languages spoken in the home? \_\_\_\_\_  
\_\_\_\_\_

## Adoption

Was your child adopted: **Yes**      **No**      **(If yes, continue with following questions)**

Describe the circumstances surrounding the adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age when adopted: \_\_\_\_\_

Prior foster homes: \_\_\_\_\_

Response to new home: \_\_\_\_\_  
\_\_\_\_\_

Is the child aware of his/her adoption? \_\_\_\_\_

## Medical History

Has the child been diagnosed with?      **(PLEASE CHECK ALL THAT APPLY)**

- ADD/ADHD       Autistic Spectrum Disorder  
 Down's Syndrome       Developmental Delays  
 Sensory Processing Disorder/Sensory Integration Dysfunction  
 Anxiety Disorder or Mood Disorder (specify) \_\_\_\_\_  
 Behavioral Disorder (specify) \_\_\_\_\_  
 Emotional Disorder (specify) \_\_\_\_\_  
 Learning Disabilities (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

List who provided the diagnosis and date diagnosed: \_\_\_\_\_



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## Pre/Post-Natal History

Length of pregnancy: \_\_\_\_\_ weeks      Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ Oz.

Complications during pregnancy: \_\_\_\_\_  
\_\_\_\_\_

Did mother consume alcohol/narcotics during pregnancy?      **Yes**      **No**  
Did mother smoke during pregnancy?      **Yes**      **No**

Describe birth:      Natural      Induced      Planned Caesarian      Emergency Caesarian

Complications during labor/delivery: \_\_\_\_\_  
\_\_\_\_\_

Complications following delivery: \_\_\_\_\_  
\_\_\_\_\_

Additional hospitalization or NICU stay following birth, indicating how long and reason: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever been hospitalized?      **Yes**      **No**  
If yes, list? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has he/she ever had a serious accident/injury?      **Yes**      **No**  
If yes, list? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical precautions the therapist should be aware of when working with this child?  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Does child have history of seizures?**      **Yes**      **No**

## List any medication the child receives now or has received in the past:

Medication: _____	Purpose: _____	When taken: _____
Medication: _____	Purpose: _____	When taken: _____
Medication: _____	Purpose: _____	When taken: _____
Medication: _____	Purpose: _____	When taken: _____



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## Vision and Hearing

Has child's vision been tested? **Yes No** **Pass Fail** Date tested: \_\_\_\_\_  
 Glasses: **Yes No** \_\_\_\_\_

Has child's hearing been tested? **Yes No** **Pass Fail** Date tested: \_\_\_\_\_  
 Hearing deficits: **Yes No** \_\_\_\_\_

## Childhood Illnesses/Problems

Check the items below, which have been a problem and provide details

	Age	Comments
_____ Ear infections	_____	_____
_____ tubes in ears	_____	_____
_____ Respiratory problems	_____	_____
_____ High fever	_____	_____
_____ Meningitis	_____	_____
_____ Adenoid problems	_____	_____
_____ Frequent colds	_____	_____
_____ Strep throat	_____	_____
_____ Allergies (specify)	_____	_____

Check the items below, which have been a problem and provide details

	Comments
_____ Asthma	_____
_____ Bronchitis	_____
_____ Skin problems	_____
_____ Gastro-Intestinal problem	_____
_____ Seizures	_____
_____ Epilepsy	_____
_____ Nightmare	_____
_____ Sleep	_____
_____ Bedwetting	_____
_____ Nail biting	_____
_____ Broken limbs	_____
_____ Other	_____



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## Previous Testing and Treatments

Has this child had any previous ASSESSMENTS or TREATMENT?

	Assessment Place/Date		Treatment Place/Date	
Medical	Yes	No	Yes	No
Audiological	Yes	No	Yes	No
Speech	Yes	No	Yes	No
Educational	Yes	No	Yes	No
Psychological	Yes	No	Yes	No
Occ. Therapy	Yes	No	Yes	No
Phys. Therapy	Yes	No	Yes	No

Comments: \_\_\_\_\_

## Developmental Milestones: List achieved age of developmental milestones

Rolling over: \_\_\_\_\_ Sitting alone: \_\_\_\_\_ Crawling: \_\_\_\_\_  
 Pulling up to Stand: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking alone: \_\_\_\_\_  
 Self-feeding with utensil: \_\_\_\_\_ Drinking from open cup: \_\_\_\_\_ Toilet trained: \_\_\_\_\_

## Speech and Language Development

Describe child's speech and language development: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check all that apply about child's communication skills:

- |  |   |
|--|---|
| <input type="checkbox"/> Difficult for others to understand    | <input type="checkbox"/> Difficult for parents/caregivers to understand |
| <input type="checkbox"/> Gestures as communication             | <input type="checkbox"/> Points at/to objects                           |
| <input type="checkbox"/> Difficulty with saying certain sounds | <input type="checkbox"/> Gets stuck on words, repeats self              |
| <input type="checkbox"/> Difficulty with voice/pitch control   | <input type="checkbox"/> Difficulty understanding others                |

Explain checked areas above: \_\_\_\_\_  
 \_\_\_\_\_

Did child begin speaking in single words, then two, then a sentence? **Yes No**

Did child not talk for a long while, and then all of a sudden speak in complete sentences? **Yes No**

Do you or others have difficulty understanding what the child says? **Yes No**

First words and at what age: \_\_\_\_\_



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## Infancy & Toddlerhood

Describe first 2 years of the child's life (feeding, sleeping, activity level, calming): \_\_\_\_\_

\_\_\_\_\_

			Comments
Breastfed	Yes	No	_____
Thumb sucking/pacifier (until when)	Yes	No	_____
Feeding problems	Yes	No	_____
Sleeping problems	Yes	No	_____
Colic or "fussy baby"	Yes	No	_____
Prefer certain position as an infant	Yes	No	_____
Dislike lying on stomach	Yes	No	_____
Dislike lying on back	Yes	No	_____
Able to self soothe	Yes	No	_____
Enjoy bouncing	Yes	No	_____
Become calmed by car rides or swings	Yes	No	_____
Become nauseated by car rides or swings	Yes	No	_____

## Sensory and Motor Development: Please check any that apply

Child seems to be overly sensitive to sensory experiences more so than most people: \_\_\_\_\_

Auditory \_\_\_\_\_ tactile \_\_\_\_\_ visual \_\_\_\_\_ movement \_\_\_\_\_ taste \_\_\_\_\_ smell \_\_\_\_\_

Child doesn't seem to react to sensory experiences as readily as most people: \_\_\_\_\_

Auditory \_\_\_\_\_ tactile \_\_\_\_\_ visual \_\_\_\_\_ movement: \_\_\_\_\_ taste \_\_\_\_\_ smell \_\_\_\_\_

Child actively seeks out sensory experiences more so than most people: \_\_\_\_\_

Auditory \_\_\_\_\_ tactile \_\_\_\_\_ visual \_\_\_\_\_ movement \_\_\_\_\_ taste \_\_\_\_\_ smell \_\_\_\_\_

Child has trouble learning new movements: \_\_\_\_\_

Child tends to be clumsy and has balance and coordination problems: \_\_\_\_\_

Describe sensory concerns: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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## Personality Profile

What are the child's strengths? \_\_\_\_\_

What are the child's interests? \_\_\_\_\_

What are the presenting problems for this child? (Not all categories may apply)

Academic: \_\_\_\_\_

Activities of Daily Living (eating, dressing): \_\_\_\_\_

Relationships: \_\_\_\_\_

Sensory: \_\_\_\_\_

Motor: \_\_\_\_\_

Play: \_\_\_\_\_

Other: \_\_\_\_\_

## Behaviors

Describe child's behaviors at home/school: \_\_\_\_\_

How does child handle frustration? \_\_\_\_\_

How does child handle change? \_\_\_\_\_

## Education

Please give more detailed information about any difficulties child encountered in school beginning with the earliest experience:

Initial school adjustment: \_\_\_\_\_

Pre-school/Daycare: \_\_\_\_\_

Primary (K-Gr. 3): \_\_\_\_\_

Junior (Gr. 4-6): \_\_\_\_\_

Intermediate (Gr. 7-8): \_\_\_\_\_

High School (Gr. 9-12): \_\_\_\_\_

Classroom setting:

Regular Education

Mainstream Part-time

Special Education Classroom



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## Caregiver Goals

What are your goals for your child to achieve through therapy? Please be as specific as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Preferred Appointment Times

Please list below the preferred appointment times. Please be as specific as possible.

- Mondays: \_\_\_\_\_
- Tuesdays: \_\_\_\_\_
- Wednesdays: \_\_\_\_\_
- Thursdays: \_\_\_\_\_
- Fridays: \_\_\_\_\_



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## **Consent to Release/Receive Medical Information**

We understand the importance of coordinating and communicating with other persons involved in your child’s development. We encourage you to provide us with contact information of other professional(s) working with your child.

I agree to let No Stone Unturned, TLC share and receive information from other agencies (organizations) about my child so services can be coordinated and optimized for my child’s benefit.

### **The following organizations are included in this release:**

Medical Professionals:

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Schools/Teachers:

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Mental/Behavioral Health Professional:

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Other:

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



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## No Stone Unturned TLC Policies

We appreciate the opportunity to work with you and your child. Please read through all of No Stone Unturned's policy paperwork and keep for your records. Please initial each of the policies after reading and sign below.

Thank you for your confidence in No Stone Unturned, TLC. We look forward to continuing to work with you and your family.

This packet includes the following **(please initial once each has been read)**:

- Attendance Policy \_\_\_\_\_
- Drop Off Policy \_\_\_\_\_
- Parent/Sibling Attendance Policy \_\_\_\_\_
- Viewing Policy \_\_\_\_\_
- Sick Policy \_\_\_\_\_
- Severe Weather Policy \_\_\_\_\_
- Inclement Weather Policy \_\_\_\_\_
- Holiday Closure Policy \_\_\_\_\_
- Financial Policy \_\_\_\_\_
- Child Abuse and Judicial Policies \_\_\_\_\_

My signature below is confirmation I have read and/or received all policy paperwork and I agree to **ALL** terms and conditions. I further acknowledge I have informed No Stone Unturned, TLC with all necessary and accurate information. I understand that I am financially responsible for all charges whether or not paid by insurance. This also authorizes No Stone Unturned, TLC to release all in formation necessary to secure payment of benefits.

Child's Name: \_\_\_\_\_

Parent/Guarding Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**\*\*PLEASE KEEP FOR YOUR RECORDS\*\***

## **Attendance Policy**

No Stone Unturned, TLC understands there are times when families need to cancel therapy appointments. We request that whenever possible, families provide at least **24-hours' notice** when a therapy appointment(s) must be cancelled. It is the responsibility of the parent/guardian to have these appointments rescheduled in order to maintain the fully prescribed number of treatments each week and maintain a reoccurring appointment schedule at NSU. Please call the office as soon as you realize that your child will not be able to attend therapy. You may leave a message on voicemail 24 hours a day.

In order to allow us to meet the needs of all the children seen at NSU, we have attendance policies that, if violated, will require us to cancel all future reoccurring appointments.

### **Actions that will require discontinuation of reoccurring appointments include:**

- Unable to maintain an 80% attendance rate
- Missing 2 appointments with less than 24 hours' notice in a 60-day period.
- 5 or more cancellations for any reason in a 60-day period.
- Arriving more than 10 minutes late for 3 or more appointments in a 60-day period.
- Arriving more than 5 minutes late to pick up your child from therapy 3 times in a 60-day period.

**Please note:** If arriving 10 or more minutes late to an appointment, it is **at the discretion of the therapist** if they will be able to see you that day. We ask that you reschedule these appointments with the front office if you know you will be running 10 or more minutes late.

### **Attendance issues will result in the following actions:**

- Children with regularly scheduled reoccurring appointments will be removed from any future scheduled times and will be required to schedule therapy sessions on a weekly basis, as appointment times are available. This probationary period will last 4 weeks.
- After this period children may be scheduled for regular reoccurring appointments again, however previous scheduled times may not be available at this time.
- Any additional attendance issues may result in an increased probation/weekly scheduling period or the patient may be discharged from therapy services.

*No Stone Unturned reserves the right to discharge any patient from therapy due to attendance issues.*



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## **Drop off Policy**

Parents are expected to be on time for arrival and pick up of their children for appointments. Children that arrive 10 or more minutes late for an appointment will be rescheduled as appointments are available.

We value the importance of establishing and maintaining home programs for the children that receive therapy. Parental/guardian involvement is the key to success for the child.

We request that you be available 5 minutes **PRIOR** to the end of your child's therapy so that staff may talk with you and educate you on any home programming needs. If you are unavailable 5 minutes prior to the end of the treatment session or arrive late to pick up your child, the staff will not be able to address your home program or questions as they have other children to see.

Parents/guardians may leave the premises of NSU during their child's treatment sessions **ONLY** if we have a cell phone number to reach you. If you do not have a cell phone, we require you remain on the premises. If your child has toileting accident or wears a diaper, you must leave a change of clothing and diapers with your child or at NSU.

If there is a threat of severe weather in the immediate area, caregivers **must** remain at NSU throughout the appointment in case of emergency. Please see the Severe Weather Policy for more information.

## **Parent/Sibling Attendance Policy**

Due to the number of children that are being seen at a given time, it is the policy of NSU that siblings will not be allowed in the treatment rooms during a session.

We encourage parental involvement and parents are welcome to attend therapy, however we ask that you sit off to the side or watch from the lobby on a private iPad to optimize the effectiveness of the session.

With limited space in our treatment areas, we request that if a parent/guardian wants to be present during the therapy session, that only one adult at a time is in attendance during treatment (*or as consented by therapist*). This will allow us to maximize the use of the space for treatment sessions.



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## **Viewing Policy**

No Stone Unturned offers use of private iPad viewing of sessions with use of head phones. iPad devices can be checked out at the front office in order to view your child's session. If your child's session will be held in a centrally located area of the clinic, where other children may be, viewing will not be allowed due to HIPAA and privacy policies. Viewing denied or discontinued if your child will be working with other children in social activities and/or if they leave the treatment room.

According to HIPAA policies, it is prohibited that any pictures be taken of sessions that are being viewed on the iPads. It is also prohibited to post pictures of session onto any type of web-based platform.

While viewing a session, if you have any questions about what is being worked on or completed during the session, please speak with the therapist working with your child following the session. If the therapist is not immediately available after the session, please notify the front office that you would like to talk with the therapist and they will be notified to contact you.

## **Sick Policy**

In order to maintain the health of staff and other children at NSU, please do not bring your child to their therapy session if they have had a fever of **100.4** or higher or experienced symptoms that are contagious, such as, but not limited to vomiting, diarrhea, Strep Throat, Conjunctivitis/Pink Eye, or head lice within a 24-hour period. Please reschedule your child's appointments accordingly without cancelation policies. A doctor's note clearing them of illness may be requested based on severity. If your child has been sent home from school due to fever or illness please reschedule their therapy appointments. Please be considerate of children in our waiting room as well and avoid bringing siblings with any of the above-mentioned ailments to therapy appointments. If your child shows visible signs of illness, their appointment may be rescheduled at the therapist's discretion.



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## **Severe Weather Policy**

If there is a threat of severe weather, in form of a storm warning, in the immediate area parents/caregivers **must** remain at NSU throughout their child’s appointment time(s) in case of emergency.

If there is a **tornado warning** issued for the immediate area, all sessions will be **discontinued** until the warning has **expired**.

All scheduled appointments will be **cancelled** during the time of a **tornado warning** in the immediate area until the warning has **expired**.

## **Inclement Weather Policy**

In the case of inclement weather, such as winter weather, that would cause NSU to be closed notifications will be provided through our social media accounts (i.e. Facebook) as well as on local news closure listings. If closure is not indicated on the above-mentioned formats No Stone Unturned will be open for regular business hours and all appointments will be as regularly scheduled unless you are individually notified by the NSU office.

## **Holiday Closure Policy**

No Stone Unturned observes the following holidays and will be closed on these dates or the respective date before or after if the holiday falls on a weekend. The date of closure will be posted at the clinic and on our Facebook page if this is the case.

- New Year’s Day
- Memorial Day
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving Day
- Christmas Day.





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## **Referrals**

It is the patient's responsibility to get any referral or pre-authorizations prior to the time of their visit or procedure. If the patient is unable to obtain the authorization at the time of their appointment, they will need to be rescheduled.

## **Financial Policy**

NSU participates in most insurance plans. NSU will bill the patient's insurance company as a courtesy. Insurance claims will be filed by our billing department. The patient's insurance company may request patients supply certain information directly, that is the responsibility of the patient to comply with their request. The patient is directly responsible for the balance of their claim whether or not their insurance company pays the claim. The patient's insurance benefit is a contract between the patient and the insurance carrier; NSU is not a party of that contract. If NSU does not participate in a patient's insurance plan, payment in full will be required at the time of service.

Please make sure we get a copy of your insurance card(s) and picture ID when you first arrive at your first visit or if you receive a new card in the mail after your first visit. If you fail to provide this information in a timely manner, you may be responsible for the balance of the claim.

No Stone Unturned will file claims with up to two insurances on your behalf; you will be responsible for filing any additional claims. No Stone Unturned will verify your insurance coverage before your initial evaluation and can inform you of your child's benefits. This is not a guarantee of benefits or payment. We also recommend that all families call their insurance company directly to get an explanation of benefits to make sure all information is understood. Some if not all services a patient receives at NSU may be non-covered or not considered reasonable or necessary by insurers. Patients may be billed for such services if applicable.

## **Co-payments and Deductible**

All co-payments and deductibles must be paid at the time of service. This arrangement is part of the patient's contract with their insurance company. If you have an insurance copay, it will be collected when you check in at each visit.



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## **Methods of Payment**

NSU accepts payments by cash, check, VISA, MasterCard, Discover, Care Credit and Flex spending cards associated with one of these major credit cards. A \$35.00 service fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pre-pay all future services in full by cash, VISA or MasterCard.

## **Patient Billing Statements**

Unless other arrangements are approved by NSU in writing, the balance of the patient's statement is due and payable when the statement is issued and is considered paid due if not paid within 30 days of issuance.

## **Nonpayment**

If the patient's account is past due 90 days or greater and the balance has not been paid in full or a payment arrangement made, the patient could be sent to collections.

Until these balances are paid in full, our therapists will only be able to treat these patients on an emergency basis for a previously treated injury/problem. Any allowed visits will require cash or credit card payment in full at the time of service, unless they have valid insurance. Patients may be terminated due to non-payment.

If a patient has filed bankruptcy in the past, any future visits would need to be paid in cash or credit card if the patient does not have valid insurance. If there is a valid insurance, any co-payments or deductibles would still need to be paid at the time of service.

## **Credit Balance Refunds**

No Stone Unturned will make a good faith effort to capture all accounts which have been overpaid by a patient or insurance carrier and to refund the appropriate party within a reasonable time frame.

## **Payment Plan**

If the patient is self-pay patient with no valid insurance coverage a 20% discount will be given to balances paid in full at the time of service only.

All patient balances are expected to be paid in full at time of service or 30 days upon receipt of patient statement. If full payment cannot be made, a payment plan must be approved by the billing office.



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## **Divorce**

In the case of a divorce or separation, the party responsible for the account balance is the parent authorizing treatment for a child (*parent who brought child in and consented to services*). If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

## **Child Abuse**

If NSU knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, the law requires such knowledge or suspicion to be reported to the proper authorities.

## **Judicial or Administrative Proceedings**

If you are involved in court proceedings, and a request is made for information about your child's diagnosis or treatment records, such information is privileged under state law and will not be released without the written authorization of you or your legal representative. The privilege does not apply where the evaluation is court ordered.