



**'Working Together To Bridge The Gaps On The
Journey To Success'**

WELCOME PACKET

Occupational Therapy

Speech Therapy

Physical Therapy

Feeding Therapy

&

Crossway Academy K-8

Crossway Pediatric Therapy

9111 Monroe Rd., STE 100

Charlotte, NC 28270

Ph:704.847.3911

Fax:704.847.2033

For info visit:

www.crosswaytherapy.com



Welcome Packet



Mission

Crossway, Inc. provides comprehensive pediatric occupational therapy services for children and families with special needs in the home, natural environment or clinic setting. The team at Crossway, Inc. believes in integrating the family, caregivers, and the multi-disciplinary team into the individualized treatment program for a child with special needs.

History

As a practitioner, Shelley Dean, OTD, OTR/L recognized a need for more pediatric therapy services in the Charlotte area. In 2004, Shelley opened Crossway Pediatric Therapy as a sole provider. Shelley chose the name “Crossway” to demonstrate the journey made by families and children with special needs. The image of the bridge symbolizes the child’s path, which ultimately leads to their dreams and independence if provided with the appropriate supports. Through this vision, Shelley has expanded her services from a sole provider to a multidisciplinary team with an office of nearly 5,000 square feet of therapeutic space. Through the support and dedication of the therapists and specialists, Crossway has grown and will continue to grow to meet the demands of the Charlotte area. The team at Crossway believes in using multidisciplinary and educational approaches to facilitate the desired goals for each child and their supporting family.

Many children develop typically. They need only love, nourishment, and a gentle guiding hand to help them develop into successful adults. On the other hand, some children need a little extra support to reach milestones necessary to develop into successful and independent adults. Crossway Pediatric Therapy facilitates development and supports families through occupational therapy, learning specialists, speech and language pathology, and physical therapy. Keep in mind that each family comes to Crossway at a different point in their journey. We are here to help and support your child and family to the best of our abilities. At times the therapists will make recommendations or services provided within Crossway and to outside sources. Some children require the support of only one discipline, while other children need the support of various therapists in addition to supporting disciplines such as neuropsychologists, neurologists, psychologists, etc.

The Crossway Difference

The Crossway family is dedicated to providing the best therapy possible and therefore the training of each therapist is extensive. Crossway therapists and specialists seek out the most recent research and treatment approaches to help facilitate and support the development of each child. Crossway Pediatric Therapy is dedicated to supporting and facilitating the developmental milestones necessary to help children succeed at school, in the community, and within their family. Crossway believes in building self-esteem and self-confidence necessary to be as independent as possible.

The Therapy Process

Crossway services a vast number of children in the clinic, at home, and in the school settings. Many of the therapists are required to leave the clinic throughout the day to treat children in other settings within the community. For families receiving services in the early intervention program of the CDSA, it is expected that you will be a part of your child's therapy in order to perform the activities when your therapist is not there. We are here to educate you on how to play, transition and go through your daily routines so that you can also illicit the optimal responses from your child. Grandparents or other caregivers are invited to come to the therapy sessions at your discretion if you think that it will help to increase the awareness of how to work with your

child. Families receiving services in the clinic, we ask that you arrive 5-10 minutes before your appointment and return to pick up your child at least 15 minutes before the completion of his/her session. It is important to the therapists at Crossway to provide the best treatment possible to each child and must therefore adhere to his/her schedule. If at any time you feel as though you have not received enough information about your child's treatment session or overall treatment plan, please talk with your therapist and set up a family conference.

If your child is attending a 60-minute treatment session, it will typically be laid out as follows:

- 1-5 minutes – Therapist will ask about the child's week and inquire about any changes in schedule,
- difficulties outside the clinic, effects of prior treatments, and other pertinent information.
- 45-50 minutes – Your child will receive about 50 minutes of skilled therapy
- 5-10 minutes – The last portion of the session the therapist may ask you to observe the child and/or discuss the overall treatment session. At this time the therapist will typically provide strategies and/or "homework" to translate treatment activities across settings. Many parents and guardians find it very beneficial to come to each treatment session with a notebook and pen to record information

provided by the therapist. Throughout your child's time at Crossway you should expect to receive various handouts, homework assignments, resources, home exercise programs, etc. Crossway is here to address the needs of each child, however strategies and activities must continue within the home and community for your child to reach his/her highest potential.

Insurance Information

Due to the variations of insurance coverage, it is critical to keep track of the number of therapy sessions attended by your child. Crossway keeps count of the total number of visits, however to avoid confusion and unexpected coverage issues it is very helpful to also keep track for yourself. Attached, you will find a visit count form to help keep track of the number of visits your child has attended as well as your co-payment and general coverage of therapy services. Unfortunately, many insurance companies only cover a certain number of visits per year. By keeping track of the number of visits, you will avoid unexpected issues related to the number of visits allotted to your child. We are currently on panels with BCBS of NC, NC and SC Medicaid, Aetna and Medcost.

Cancellation policy

Due to the demand for OT, ST, and PT, any appointment cancelled with less than 24-hours' notice and not rescheduled will result in a cancellation fee of \$55. Repeated cancellations may result in either forfeiture of permanent appointment or termination of service. Failure to contact the office prior to appointment time will be as no show and a full fee-for-service may be charge. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party.

Location attractions

In case you need to run a quick errand while we work with your child in our fun play house, Crossway is conveniently located down the street from a variety of stores and restaurants including Wal-Mart, Dollar Tree, Harris Teeter, Steak and Shake, McDonalds the New Zealand Café and more! But, don't forget to come back in time for a tutorial on the activities that were conducted, assessments and suggestions for home programming.

When leaving the clinic make a left on Monroe Rd. followed by a left on Sardis Rd. The restaurants and stores are located on both sides of the street. Please remember to return to the clinic 15 minutes prior to the end of your child's therapy session.

Closing Dates

Crossway Pediatric therapy will be closed on the following Holidays:

- New Years Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Therapies Provided by Crossway Pediatrics

Occupational Therapy

Pediatric occupational therapists focus on the development of children necessary to be successful in their everyday life. The first five years of life are an important time for growth and development. Development refers to the change in a child that occurs during the life span. The changes occur in an orderly sequence involving physical, emotional and cognitive development. For children who do not

progress through the developmental sequence, OT can provide support and skilled treatment to help facilitate and meet the developmental milestones throughout child development. Nearly all intervention activities with children have playful qualities, because play is an occupation of high relevance and importance to a child. Play within a therapy session begins with the child's current skill level, then the therapist guides the activity to a point at which it becomes challenging for the child, with the goal of eliciting a higher level response. The therapist grades (makes it easier or more difficult) to focus on the specific skills necessary to help the child meet his/her goal. The therapist supports performance through modeling, cueing, physical assistance, and reinforcement (Case-Smith, 2005).

OT intervention addresses the following areas (Case-Smith, 2005):

- ❖ Bilateral motor integration
- ❖ Fine motor strength and coordination
- ❖ Visual perception
- ❖ Visual motor skills
- ❖ Handwriting
- ❖ Splinting
- ❖ Gross and fine motor development
- ❖ Self-care
- ❖ Sensory processing
- ❖ Social skills

- ❖ Cognition (memory, sequencing, safety awareness, etc.)
- ❖ Timing and rhythm
- ❖ Adapting activities or providing assistive technology
- ❖ Modifying environments
- ❖ Promoting children's participation and preventing disability through education of the child and
- ❖ supporting family

Physical Therapy

Physical and occupational therapy often share similar or common goals for their clients and offer complementary approaches to intervention. While both therapies address similar goals, the disciplines use different techniques, theories, and approaches to treat clients. Treatment typically includes therapeutic exercise, cardiovascular endurance and training, and training in activities of daily living (American Physical Therapy Association, 1999). As with occupational therapy, in the pediatric setting PT provides treatment through the use of play. Physical therapy intervention addresses joint function, muscle strength, mobility and endurance. Physical therapists address gross motor skills that involve the large muscles of the body and help to improve children's posture, gait, and overall body awareness.

In general services for children provided by physical therapists include (Case-Smith, 2005):

- ❖ Developmental Activities
- ❖ Strengthen
- ❖ Movement and mobility
- ❖ Tone management
- ❖ Motor learning
- ❖ Balance and coordination
- ❖ Recreation, play, and leisure
- ❖ Equipment design, fabrication, and fitting
- ❖ Orthotics and prosthetics

Speech-Language Pathology

According to the American Speech-Language-Hearing Association (ASHA, 2002), speech pathologists work to prevent speech, voice, language, communication, swallowing, and related disabilities. They screen, identify, assess, diagnose, refer, and provide treatment and intervention, including consultation and follow-up services, to children at risk for speech, voice, language, communication, swallowing and related disabilities (Case-Smith, 2005). Speech and language disorder can affect the way children talk, understand, analyze or process information. Speech disorders include the clarity, voice quality, and fluency of a child's spoken words. Language disorders include a child's ability to hold meaningful

conversations, understand others, problem solve, read and comprehend, and express thought through spoken or written words.

Communication also develops in an orderly sequence. Language skills are divided into receptive and expressive language. Receptive Language refers to what a child understands such as vocabulary, following directions and pointing to pictures. Expressive language refers to what a child can communicate either by words, signs or gestures. Speech skills are the skills required to produce certain sounds, often called articulation or phonology. Speech-language pathologists may also prescribe and dispense augmentative and alternative communication devices and other communication prostheses and assistive devices. Furthermore, they work with children who have oral motor problems that cause eating and swallowing disorders.

Speech-Language Pathologists address the following areas (Case-Smith, 2005):

- Provide prevention, screening, consultation, assessment and diagnosis, treatment, management,
- and counseling for the following disorders:
- Speech
- Language (comprehension and expression in oral, written, graphic language: language processing, and pre-literacy
- Swallowing
- Sensory awareness related to communication

Learning Support Specialist/Tutor

Learning Support is an area distinct from other educational or instructional fields. A Learning Support Specialist is experienced and trained to focus on the process of learning and how to facilitate learning by addressing different processing areas (visual processing, memory, auditory processing, etc.) utilizing multisensory methods and programs. Often, this work is focused on reading or math, but it can also effectively address comprehension, language processing and writing skills. The goal of working with a Learning Support Specialist is to improve foundational academic skills to the point where a student is meeting his/her academic potential and able to work more independently. The Learning Support Specialists always begins at the student's current level of function and moves forward to help facilitate learning and further skill development. Developing confidence with new skills and abilities is an important part of Learning Support. Often, the methods utilized by a Learning Support Specialist can help when other methods seem ineffective. Learning support specialists are flexible enough to deal with anything, creative enough to address every student's needs, and have the ability to make even hard work enjoyable. The relationship between Learning Support and other therapies is ideal

in a multidisciplinary therapeutic environment because collaboration and knowledge of other professional disciplines is integral to success. In general, learning support specialists work with students of all ages to improve their reading, math, writing, comprehension and language processing skills through the use of multi-sensory processing methods. The focus of treatment is on the development of confidence, necessary to identify and use the child's strengths, even when facing challenging work.

Feeding Therapy

Mission: to teach children with sensory processing disorder, food allergies and difficulty eating that eating is fun and to educate the families how to have family meals and how to feed their child with sensory processing disorder including shopping and cooking. The feeding clinic will also educate doctors on the myths of feeding and how to address the myths.

As therapists and parents, we have so badly wanted our clients and kids to eat that we have tried almost anything. As parents you may even feel that you have tried everything... rewards, bribes, begging, etc. Some things may have worked, if only for a while, and some things didn't, but the child is still struggling with eating. Now, it's time to look at what we may have done wrong and how to approach the child with new tools that are proven effective.

The feeding clinic is made up of occupational therapists (OT), speech therapists (ST), registered dietitians (RD) and outside consultants from the mental health field such as an individual with their Masters of Social Work (MSW), a psychologist and an M.D.

Our therapists implement the S.O.S. (Sequential Oral Sensory) Approach to Feeding (Kay A. Toomey, Ph.D., Author).

We specialize in the treatment of these issues:

- ❖ Failure to Thrive
- ❖ Picky Eaters
- ❖ Oral Motor Difficulties
- ❖ Dysphagia
- ❖ Feeding Sensory Issues
- ❖ Problem Feeders

Includes both Individual and group Sessions

Individual Sessions: parent must be present for each session

Group Session: parents receive support from other parents and education through ST and OT training videos, shopping trips and handouts.

Crossway Academy

There are many wonderful schools in the Charlotte area that do a wonderful job with our children. However, the families at Crossway Pediatric Therapy repeatedly approach us expressing their concerns regarding whether or not their child is getting what they need at local schools regarding academia and social skills. Specifically, children who learn differently as well as need help with social skills. Therefore, we at Crossway Pediatric Therapy are excited to respond to this feedback by starting a combined Clinic-School called Crossway Academy which opened in Fall of 2011. One of our hopes is to reach out to the families that currently home school their children because they are unable to find the right school fit for their children and yet the child continues to need social exposure and tutoring. Crossway Academy is for children ages 6-10 and/or for a middle school for children ages 11-14. The Academy is located onsite within Greyllyn Business Park. Education is provided by qualified special education teachers that are dedicated to this mission.



9111 Monroe Road, Suite 100, Charlotte, NC 28270

PH: 704.847.3911

Fax: 704.847.2033

crosswaytherapy.com



Financial Policy

Thank you for choosing Crossway Pediatric Therapy for your child's therapy services! We are committed to making your entire experience with us successful. Therefore, we want you to be fully informed of our financial policies and your financial obligations. **You are ultimately responsible for the full payment of your bill.** We offer the following information to make this responsibility as manageable for you as possible.

YOUR BENEFITS: We urge you to review your insurance policy benefits. Benefits for in-network and out-of-network services may vary. Call your insurance company with any specific questions about your benefits for outpatient therapies. We will verify your insurance benefits, but we cannot guarantee the accuracy of the information we receive. You are responsible for knowing and understanding your policy's level of coverage, and you are ultimately responsible for the full payment of your bill.

You are responsible for co-payments, co-insurance, and/or deductible as specified in your policy's benefit details. You are responsible to pay for any services that are received but not covered under your policy. If you have a deductible that has not been met, we will collect 100% of the total visit charge at each visit until the deductible has been met. If you have a co-insurance, we will estimate and collect your portion at each visit based on your benefits. These payments will be applied toward your account balance and reviewed after each claim is processed by your insurance company. Any additional patient responsibility will be billed after insurance has processed the charges.

SECONDARY INSURANCE: If you have secondary insurance, we will also need complete and accurate information about this policy. The same policies and responsibilities apply to the use of secondary insurance. You are responsible for any amount not paid or any services not covered by either your primary or secondary insurances.

CHANGES IN COVERAGE: It is your responsibility to inform us of any change in your insurance coverage at the time of service. If we are not notified of an insurance change and it results in delayed or denied billing and/or payment we may suspend until all dates of service are processed and paid correctly and you will be responsible for any charges unpaid by your insurance carrier.

INSURANCE BILLING: As a courtesy, we will submit claims to your health insurance company for you. If your insurance requires a referral from your primary care provider or a prior authorization to receive therapy services, we must receive these documents before your appointment. We will assist you in coordinating referrals and authorizations but verifying that a referral or authorization was received in our office prior to service is ultimately your responsibility. If your insurance does not accurately or completely process a claim within 60 days, you will be responsible for all outstanding charges.

PATIENT STATEMENTS: A billing statement will be sent to you each month that you have a balance due. You are responsible for providing us with a current email or mailing address. Once you receive a statement, your full balance will be due upon receipt. If you are unable to pay your full balance, please contact us immediately to discuss payment options.

REVISED Jan.2021 FINANCIAL DISCONTINUATION OF SERVICE: Therapy services will be suspended for any patient with an account balance over 60 days past due. We will not hold therapy

appointments on the schedule during this time. Services may be resumed if the account balance is paid in full before it becomes 90 days past due. Therapy services will be discontinued for any patient with an account balance over 90 days past due. **COLLECTIONS:** If you inform us of your inability to pay your account balance before it is 60 days past due, we will review payment plan options and work with you to avoid sending your account to collections. If any balance on your account becomes 90 days past due, we will send this balance to our collection agency.

DISPUTES: Your insurance policy is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company regarding your policy.

ATTENDANCE AND CANCELLATION POLICY

Due to the demand for OT, PT and ST, appointments cancelled with less than 24- hours' notice and not rescheduled will result in a cancellation fee of \$55. Repeated cancellations may result in either forfeiture of permanent or termination of service. Failure to contact the office prior to appointment time will be a no show and a full fee-for service may be charged. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party.

If a parent or guardian cancels 50% of the session for two consecutive months or has 3 no shows, Crossway, Inc. reserves the right to discontinue services with the family allowing them to find another direct service provider for therapy services.

MEDICAID RECIPIENTS: As a Medicaid recipient, you are required to not miss more than 1 visit (if you come weekly, 2 visits if you come twice a week) within a month. Failure to comply will result in loss of preferred appointment time and you will have to adhere to calling in weekly for an appointment or go on the waitlist.

PAYMENTS DUE AT THE TIME OF SERVICE:

1. Co-pays required by your insurance policy
2. Estimated co-insurance
3. Fully payment for any service if insurance deductible is not met
4. Full payment for any service not billed to an insurance plan (prompt pay discount applies).
5. Full payment for any elective service not covered by your insurance plan.

Payments are accepted in our office and through our patient portal. We accept cash, check, debit, MasterCard, VISA, American Express, and Discover. There will be a \$25.00 service charge for all returned checks. A \$10 minimum is required for all credit card payments. I have read and understand the above Financial Policies and I agree to the conditions stated.

❖ **Patients Name** _____

❖ **Responsible Party Name Printed** _____

❖ **Responsible Party Signature** _____

❖ **Witness and Date** _____

❖ 9111 Monroe Road, Suite 100, Charlotte, NC 28270

❖ 704.847.3911 (phone) 704.847.2033 (fax)

❖ crosswaytherapy.com



Consent and Authorization for Services and Treatment

Clients Name _____

Consent for Treatment

This patient or legal guardian gives consent for procedures and treatments as ordered by a physician or developmental evaluation center. I understand and agree that Crossway Inc. will not be liable in the event that scheduled services cannot be provided as requested, or when insufficient notice is given concerning cancelled service.

With the consent, Crossway, Inc. may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist in the practice in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items, and any call pertaining to clinical care.

With this consent, Crossway, Inc. may email to my home or alternative location in reference to any item that assist in the practice in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items, and any call pertaining to clinical care.

Patient Acknowledgment

I acknowledge by signing below that I have received a copy of the Notice of Privacy Practices.

Authorization to Release

This patient or legal guardian consents to release of information by school, hospital, physical, developmental evaluation center, or other agency where child was evaluated to Crossway, Inc. to disclose all or part of my medical information to any agency to benefit my care.

Private Insurance

This patient or legal guardian agrees to authorize direct payments of insurance benefits by insurance carrier to Crossway, Inc. I understand that if my insurance does not accept "assignment of benefits," I am obligated to endorse and send payments to Crossway, Inc. I understand that Crossway, Inc. is enrolled an in-network provider with Aetna, Blue Cross Blue Shield, NC&SC Medicaid, United Healthcare, Tricare and Medcost.

Medicaid

This patient or legal guardian verifies that the information given for payments under Title XIX (Medicaid) Act is correct. Also, authorizing the release of all records required acting on this request so that payment of the authorized benefits is made on his/her behalf to Crossway, Inc.

Client Financial Responsibility

With this consent, Crossway, Inc. may verify insurance coverage for Occupational, Physical and Speech Therapy services. I understand that verification of benefits is not a guarantee of payment and that I understand that if payment is not made to Crossway, Inc. by other payers, I will be responsible for the services rendered to my child. This payment will be made dependent upon a written notice. I understand that I am responsible for insurance deductible and amounts not covered by any insurance or payment provider.

THIS DOES NOT INCLUDE MEDICAID RECIPIENTS. MEDICAID RECIPIENTS ARE REQUIRED TO MAINTAIN ACTIVE MEDICAID STATUS, BUT CANNOT BE BALANCED BILLED FOR UNPAID CLAIMS.

Notification of Change

This patient or legal guardian agrees to notify Crossway, Inc. within 24 hours of any information change it receives regarding changes in Insurance, Medicaid, or other funds that affect the reimbursements.

Private Pay Clients

Families who are private pay clients are asked to pay for the evaluation and/or the initial therapy session at the time services are rendered. After that point, you will receive a monthly bill.

ATTENDANCE AND CANCELLATION POLICY

Due to the demand for OT, PT and ST, appointments cancelled with less than 24- hours' notice and not rescheduled will result in a cancellation fee of \$55. Repeated cancellations may result in either forfeiture of permanent or termination of service. Failure to contact the office prior to appointment time will be a no show and a full fee-for service may be charged. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party.

If a parent or guardian cancels 50% of the session for two consecutive months or has 3 no shows, Crossway, Inc. reserves the right to discontinue services with the family allowing them to find another direct service provider for therapy services.

Signature (Parent/Legal Guardian)

Relationship to Client

Date

Date and Signature of Witness

9111 Monroe Road, Suite 100, Charlotte, NC 28270
704.847.3911 (phone) 704.847.2033 (fax)
crosswaytherapy.com



Release/Exchange of Information

Child's Full Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

I/WE give permission to Crossway, Inc. to release/exchange (circle one)
information on the child above to _____

This information shall include:

___ Evaluation Reports

___ Progress Notes

___ Treatments Plans

___ Letter of Medical Necessity

___ Physicians Notes

___ IEP/IFSP

___ Medical Reports Regarding _____

___ Other _____

The purpose of the release or exchange of information will be to enhance the plan of care, case coordination, and treatment for the wellbeing of this child. Furthermore, it is our understanding that the released information shall be held in confidence, and that the only person, agency, or practice from which the information originated is entitled to release the information.

Conditions of Expiration: One Year/6 Months (circle one)

Parent/Guardian Signature

Date

Witness Signature

Date



COVID-19 Clinic Treatment Consent

Date: _____

Clients Name: _____

I, **(Parent/Guardian PRINTED NAME)** _____, have read and agree with the above condition and agree to comply with Crossway Pediatric Therapy's safety guidelines. I hereby accept to responsibility and indemnify Crossway Pediatric Therapy of any medical issues/concerns that could arise from returning to the clinic.

Parent/Guardian Signature

Date



HIPAA Compliance Agreement

Clients Name: _____

Parent/Guardian Signature _____

Date: ____/____/____

9111 Monroe Road, Suite 100, Charlotte, NC 28270
704.847.3911 (phone) 704.847.2033 (fax)
crosswaytherapy.com



Client Case History

Date:	
Child's Name:	Date of Birth:
Parents/Guardian:	Home phone:
Address:	Email:
	Cell phone:
Father's Employer:	Work phone:
Mother's Employer:	Work Phone:
Insurance Company:	Insured's Name:
Policy Number:	Group Number:
Client's SS#:	Insured's SS#:
Referred by:	Primary Physician:

Medical History:

Please describe your child's birth history. List any complications during pregnancy, birth or infancy?

Was prenatal care initiated? If so, at what month?

How long was the pregnancy?

Was there any illness or accidents during pregnancy?

How long was the labor?

How long was the child hospitalized after birth?

Was an epidural used?

Is your child adopted?

Does your child know that he or she was adopted?

At what age was he or she adopted?

Was your child breastfed or bottle-fed?

Please check Yes or No and describe:

	Yes	No	Description or at what age		Yes	No	Description or at what age
Adenoidectomy				Hospitalization			
Allergies				Influenza			
Anoxia				Jaundice			
Asthma				Measles			
Blood Disease				Meningitis			
Chicken pox				Mouth breather			
Cyanosis				Mumps			
Feeding tube				Muscle disorder			
Frequent colds				Nerve disorder			
Croup				PE Tubes			
Dental problems				Plagiocephaly			
Diphtheria				Pneumonia			
Drooling				Rheumatic fever			
Ear infections				Seizures			
Encephalitis				Surgery			
Head Injuries				Tonsillectomy			
Hearing Impairment				Torticollis			
High fevers				Vision impairments			

Please explain further any checked above or if a condition is not listed that you feel is important please describe:

- Describe any major accidents or hospitalizations:

- Does your child have any medical diagnoses (ADD, Autism, Dyslexia, Hearing/Vision Impairment, etc)? If yes, at what age was he or she diagnosed?

- Is your child taking any medications? If yes, please list the dosage, frequency and the condition that is being treated.

Please list the professionals that your child has seen with contact information:

Name and Phone Number:

Psychologist	
Neurologist	
Occupational Therapist	
Physical Therapist	
Speech Therapist	
Allergy Specialist	
Sleep Specialist	
Psychiatrist	
Social Worker	
Educational Specialist	
Developmental Optometrist or Ophthalmologist	
Other	

School History:

Name of School and Teacher:	Grade:

Developmental History:

Motor Development:

Please indicate your child's age when they first began the following:

Sat up alone	
Pulled self to standing	
Crawled	
Walked	
Rode tricycle	
Rode bicycle	
Reached for Toy	
Finger fed	
Used utensils to feed self	
Undressed self	
Dressed self	
Buttoned/Zippered	
Tied shoes	

Self-care:

Please describe the level of assistance that you provide with the following self-care activities with 1 being the "least" (the child is independent) to 5 being the "most":

Self-Care Activity	Level of Assistance	Self-Care Activity	Level of Assistance
Tooth brushing		Sits for meals	
Hair washing		Keeps track of own belongings	
Bathing		Organizes homework	
Dressing		Transitions easily	
Haircuts		Toileting skills	

Arousal/Attention/Self-Regulation: Yes or No?

Is an early morning riser	
Awakens during the night	
Has difficulty falling asleep	
Is irritable upon waking	
Wets bed	
Attends to toys	
Attends to school	
Attends to new environments	
Able to sustain attention	
Independently explores	
Are there certain times of the day where your child seems happier or more irritable?	

Balance/Body Awareness Praxis: Yes or No?

Initiates new activities	
Understands how to play with new toys	
Plays with the same toy in a variety of ways	
Able to perform sequential tasks	
Jumps	
Plays on playground equipment (slides, jungle gym, monkey bars, etc.)	
Swings	
Enjoys rough house play	
Takes risk	
Seems aware of safety concerns	
Can your child descend and climb stairs alternating steps?	
Balance on a balance beam?	
Is your child afraid of heights or movement?	
Does your child get motion sickness in the car?	

Behavioral/Emotional Development:

Compliant	
Displays affection towards others	
Displays aggression towards self	
Displays aggression towards others	
Irritable	
Cries easily	
Seems happy	
Seems immature when compared to peers	
Displays rapid mood swings	
Seems independent	
Seems dependent	
Baby talks	
Seems to need a lot of comfort and nurturing	
Seems impulsive	
Difficult to discipline	
Blames others for own mistakes	
Seems remorseful	

What discipline method(s) work best? _____

Speech and Language Development:

Language(s) spoken in home and/or at school: _____

Age when your child spoke first word: _____

Age when your child spoke combined words: _____

Age when your child spoke in sentences: _____

What was your child's first word(s)? _____

What was your child's first sentence? _____

Which sounds (if any) are incorrect? _____

How many words can your child say? (List if fewer than fifteen) _____

How long are your child's sentences? _____

Does your child have any difficulty understanding you? (Describe) _____

Does your child have difficulty following directions? (Describe) _____

Does he or she initiate eye contact when greeting someone? _____

Initiate eye contact when requesting information? _____

Does your child sustain eye contact? _____

Does your child take turns? _____

Explain how your child interacts with peers and adults _____

How does your child participate in conversations? _____

If your child is non-verbal, please describe the vocalizations or how the child communicates (signing, gestures) _____

Are there any speech or hearing problems in the immediate or extended family (Explain)? _____

Social Development:

Names and ages of siblings (please note if they live in the home with child or not): _____

Other adults living in the home: _____

Has your child attended day care? _____ Preschool? _____

Number of regular playmates: _____ Ages: _____ Genders: _____

Activities shared with parents and siblings: _____

How does your child handle frustration? _____

How does your child handle conflict? _____

How does your child handle separation? _____

Regular responsibilities of child: _____

Favorite places: _____

Favorite people: _____

Favorite Toys: _____

Favorite Snacks: _____

Favorite Activities: _____

Favorite TV programs: _____

What motivates your child most? _____

Does your child play with the same toy in a variety of ways? _____

Parental Concerns:

What have you been told by a doctor, teacher and/or others about your child's abilities and needs?

Self-care/daily routine – typical mealtime, getting dressed, bath time, toileting, transitioning between tasks, completing homework

Reaction to change – new environments, new people, new activities

Cognition – attention, ability to follow directions, recall, decision making and problem solving

Home Environment – house/apt, cluttered/neat, individual bedroom or shared, etc...

What do you see as your child's strengths?

What are your concerns about your child?

What do you hope your child will gain by being seen at Crossway Pediatric Therapy?

Signature:

Date: