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[www.reddoorpediatric.com](http://www.reddoorpediatric.com)

Bismarck Location Minot Location

2625 N 19th Street 2080 36th Ave SW Suite 110

Bismarck, North Dakota 58503 Minot, ND 58701

Phone: 701-222-3175

Fax: 701-222-3186

**Red Door General Intake**

Our evaluation of your child will depend on information about his/her past history. Fill out this form as completely as possible and bring with you the day of the evaluation. If you have questions regarding any items, put a checkmark in the left margin and we can discuss them when you come for your appointment.

Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing form (first/last name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not the child’s current legal guardian, please list the legal guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFICATION:**

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_\_

Who does the child live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of child’s primary residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| *Mother* | *Father* |
| Name: | Name: |
| Age: DOB: | Age: DOB: |
| Cell phone #: | Cell phone # |
| Home phone # (if different than cell phone #s): | |
| Place of Employment: | Place of Employment: |
| Occupation: | Occupation: |
| Work phone #: | Work phone #: |
| Email: | Email: |
| Preferred method of contact (phone call or email): | |
| Emergency contact (name and phone number): | |
| Relationship to child: | |

Siblings:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Sex | Grade | Speech/language, OT, medical conditions: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PHYSICIAN INFORMATION:**

Child’s Primary Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREGNANCY/BIRTH HISTORY:**

Which pregnancy was this child?\_\_\_\_\_\_\_\_\_\_\_\_\_ Were there any illness, diseases, or accidents that occurred during pregnancy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Was there in utero exposure to drugs or alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of mother at child’s birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of father at child’s birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Length of pregnancy: | Type of delivery: |
| Birth weight: | Apgar scores: |
| Length of labor: | Was labor difficult? |

Was medical intervention needed during labor/delivery (if yes, please explain (ex. induction, forceps, epidural, blood transfusion, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any bruises, scars, or abnormalities to the child’s head? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the child require oxygen? yes / no Was child “blue”? yes / no Was the child jaundice? yes / no

Were there any problems immediately following birth or during the first two weeks of the child’s life (ex. NICU, nursing, swallowing, sucking, feeding, sleeping, etc.)? If so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DEVELOPMENTAL HISTORY:**

At what age did the child develop the following skills:

|  |  |  |
| --- | --- | --- |
| Rolled over alone: | Sat alone: | Crawled: |
| Stood alone: | Walked unaided: | Fed self with spoon: |
| Bladder trained: | Bowel trained: | Consumed solid foods: |
| First word: | First phrase: | Conversation: |

|  |  |  |
| --- | --- | --- |
| **Do you have:** | YES | NO |
| Communication concerns |  |  |
| Fine motor concerns |  |  |
| Gross motor concerns |  |  |
| Sensory concerns |  |  |

Please describe the child’s overall social behavior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child prefers to: Play alone\_\_\_\_\_\_\_ Parallel play\_\_\_\_\_\_\_ Play with others\_\_\_\_\_\_\_\_

(\*parallel play is to play alongside other children, but not with other children)

**MEDICAL HISTORY:**

Is the child now under the care of a doctor?\_\_\_\_\_\_\_\_\_\_Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child currently carry any medical diagnoses?\_\_\_\_\_\_\_\_\_ If yes, please indicate diagnoses, medical professional who made the diagnoses, and date of diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is he/she taking medication?\_\_\_\_\_\_\_\_ Type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he/she taking supplements?\_\_\_\_\_\_\_ Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what age did any of the following occur? Indicate severity.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Age | Mild | Mod | Severe |  | Age | Mild | Mod | Severe |
| Adenoidectomy |  |  |  |  | Influenza |  |  |  |  |
| Chronic colds |  |  |  |  | PE tubes |  |  |  |  |
| Cross-eyed |  |  |  |  | Pneumonia |  |  |  |  |
| Croup |  |  |  |  | Strep throat |  |  |  |  |
| Earaches/ear infections |  |  |  |  | Seizures |  |  |  |  |
| Headaches |  |  |  |  | Tonsillectomy |  |  |  |  |
| Heart murmur |  |  |  |  | Whooping cough |  |  |  |  |
| Other: | | | | | | | | | |

Known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child ever had an extremely long, high fever?\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has the child ever fallen or had a blow to the head?\_\_\_\_\_\_\_\_\_ If so, did he/she lose consciousness?\_\_\_\_\_\_\_\_\_\_

Did it cause a concussion?\_\_\_\_ Did it cause nausea?\_\_\_\_\_ Vomiting?\_\_\_\_\_ Did any of the above require hospitalization?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical history:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is the child currently seen by a Chiropractor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the child has been to the dentist?\_\_\_\_\_\_\_\_\_\_ Any concerns reported?\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the child has been to the eye doctor?\_\_\_\_\_\_\_\_Any concerns reported?\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child currently wear glasses?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the child has had his/her hearing checked?\_\_\_\_\_\_\_\_\_ Any concerns reported?\_\_\_\_\_\_\_

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check these as they apply to your child.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Explain: |
| Eating problems |  |  |  |
| Sleeping problems |  |  |  |
| Toilet training problems |  |  |  |
| Difficulty concentrating |  |  |  |
| Difficulty staying with an activity |  |  |  |
| Requires a lot of discipline |  |  |  |
| Underactive |  |  |  |
| Overactive |  |  |  |
| Cries a lot |  |  |  |
| Sensitive/Emotional |  |  |  |
| Likes rough play |  |  |  |
| Irritable |  |  |  |
| Difficulty getting along with children |  |  |  |
| Difficulty getting along with adults |  |  |  |
| Difficulty making friends |  |  |  |
| Has frequent tantrums |  |  |  |
| Frequently fearful |  |  |  |
| Gets stuck on topics |  |  |  |
| Obsessions/compulsions |  |  |  |
| Avoids eye contact |  |  |  |
| Has limited interests |  |  |  |
| Confused by gestures |  |  |  |
| Misinterprets social situations |  |  |  |
| Falls, trips often, or is overall “clumsy” |  |  |  |
| Walks on tiptoes often or feet turn inward with walking |  |  |  |
| Difficulty with coordination, running, or jumping tasks compared to peers |  |  |  |

Does the child separate from his/her caregivers without crying or fussing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned with your child’s behavior?\_\_\_\_\_\_\_\_ If so, what is most concerning to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you deal with negative behaviors or what discipline method works best? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite play or motivating activities for your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EDUCATIONAL HISTORY:**

Does the child attend daycare?\_\_\_\_\_\_\_\_\_\_ Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child attend school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your child on an IFSP or IEP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade?\_\_\_\_\_\_\_\_\_ What are his/her average grades:\_\_\_\_\_\_\_\_ Best subjects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Challenging subjects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the child frequently absent from school?\_\_\_\_\_\_

If so, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the child feel about school or his/her teacher?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone ever thought he/she has learning difficulties (ex., dyslexia)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any speech, language, hearing, occupational/physical therapy, psychological, or special education services that your child is currently enrolled in. How often does your child attend this service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL INFORMATION:**

What are your primary concerns and reasons for seeking an evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please add any additional information you want us to know :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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How did you hear about Red Door? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIAPER AND TOILETING PROCEDURES:**

When necessary, Red Door Pediatric Therapy staff may change a child’s diaper and/or provide toileting assistance under the following conditions:

-consent has been signed (see below)

-it is understood that no application of creams, powders, or ointments will be administered

-it is understood that parents/caregivers are responsible for providing diapers, wipes, and a change of clothes in the event of an accident

**Consent for Diaper Changing:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Red Door Pediatric Therapy staff to change**

**(print parent/guardian name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s diaper and/or assist with toileting as necessary. I understand and agree**

**(print child’s name)**

**to the terms listed above. I also understand that I may revoke this permission at any time.**

**Parent/guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIALITY**

As mandated by law, we are required to report any suspected child molestation, neglect and emotional or physical abuse to protect the children involved.

\_\_\_\_\_\_\_\_\_Initials \_\_\_\_\_\_\_\_\_\_Date

Signature of person filling out form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

**Primary coverage:**

|  |  |
| --- | --- |
| Child name: |  |
| Policyholder: |  |
| Policy ID number: |  |
| Group number: |  |
| Insurance provider number: |  |
| Insurance Company Name:  Address:  Phone Number: |  |

**Secondary coverage if applicable:**

|  |  |
| --- | --- |
| Child name: |  |
| Policyholder: |  |
| Policy ID number: |  |
| Group number: |  |
| Insurance provider number: |  |
| Insurance Company Name:  Address:  Phone Number: |  |

I hereby acknowledge that the information provided above is accurate and current:

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



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Attendance Policy

Welcome to Red Door Pediatric Therapy!

Several factors go in to scheduling your child’s evaluations and subsequent appointments including therapy recommendations, insurance approval/parameters, and convenience/availability of preferred times for your family.

Maintaining a consistent therapy schedule is critical to achieve progress toward short and long-term objectives. Because of the demand for therapy services and to ensure positive outcomes on your child’s plan of care, we would like to highlight the following attendance policy:

**Initial Evaluation:**

We understand that conflicts arise, but if you cancel or no show two consecutive initial evaluations, we do not allow you to reschedule an evaluation for a 6-month time frame.

**Permanent Schedule:**

If your child has a time slot on our permanent schedule, those sessions are considered standing appointments. We require a minimum attendance rate of 60% over a 6 month period.

**Call-In Schedule:**

Once you have called in and scheduled your child in an available time slot, those sessions are considered standing appointments. We require a minimum attendance rate of 60% of scheduled appointments. A minimum of 2 sessions per month are required in order to remain on the call-in list.

We understand that sometimes appointments have to be cancelled due to illness, vacation, outside events, and unexpected circumstances. In these instances, we do our best to reschedule to a different time to allow your child to maintain a consistent schedule and receive the recommended number of visits per week.

If we find that you are unable to adhere to our scheduling policy, we will work together to determine the best available schedule that works for your family as well as Red Door Pediatric Therapy. If we are unable to provide consistent therapy services due to lack of attendance, we will discharge your child from therapy for a 6-month time frame. After that, we encourage you to initiate services at a time when attendance and progress toward the plan of care can be a priority.

We appreciate your commitment and can’t wait to get started!