



Tears To Cheers Handwriting Clinic
Fine Motor Occupational Therapy
8355 Walnut Hill Lane, Ste. 225A
Dallas, Texas 75081
P: 972 685-2368
Email: Tearstocheershandwriting@gmail.com

REGISTRATION FORM (all clients)

Child's Name: _____ Nickname: _____ Age: _____
Grade: _____

DOB: _____ School: _____
Address: _____

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

(F) _____ cell: _____ other ph: _____
email: _____

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

Handedness: ___R___L

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

We may possibly give out treats during workbook time: Are treats ok? ___

If not ok, please provide an alternative lollipop or small treat if your child is young.

Allergies:

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

Attention: ___ attends better 1:1 with frequent redirection and encouragement.
___ can attend with occasional redirection to 5 minutes of fun, group instruction
___ attends well to group instruction

Vision: When was last vision exam, and what were the results:

School: ___ Placement in regular ed full time ___ Has 504 accommodations
___ Has special education accommodations
___ Placement in regular ed but pull out for _____
___ Placement in the gifted, tag, pace, etc. program

___ Client is in pre-k or pre-k age

Previous or current tutoring or therapy:

Areas of difficulty at school:

Areas of strength at school:

My concerns for my child are:

My goals for enrolling my child at
Tears to Cheers Handwriting Clinic:

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

____ yes (initial)

____no (initial)

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

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

Parent or guardian

Child



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Tears To Cheers Handwriting Clinic Forms

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

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

If you have any questions, please do not hesitate to call our office at 972 685-2368. It is sincerely our privilege to be able to work with your child.

CLINIC WELLNESS FORM FOR CLASSES OR PRIVATE THERAPY

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

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

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

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

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

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

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

ATTENDANCE POLICY FOR CLASSES

Children who come consistently to therapy at their regularly scheduled classes make the most progress, however we do understand there are times when it is necessary to cancel a session. Make ups are given by placing your child in another class for the missed session. Preference is given to attempting to place a child in a class that is working on the same material. In the future, we may possibly have OT or university students on internship at our clinic, and if available, will do makeups with these students at no charge. All make up sessions need to be scheduled with the office within a week of the missed session, although the make up session may be scheduled to actually take place at a later date. 1:1 make up sessions are 45 minutes in length. We only allow one student to be in a class for a make up - as our classes have 2 - 4 students, and we can only provide good programming with one extra student. We can also provide a private session for a make up, but there is a private therapy charge should you decide this option. Unless there is significant extenuating circumstances and approval from our office, we will allow makeups as follows:

- For a 4 session/45-min class, we allow one make up session.
- For a 8 to 16 session/45-min class, we allow 2 make up sessions.

LATE ARRIVALS

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

COMMUNICATION

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

HOMEWORK – CLASSES OR PRIVATE THERAPY

For students in classes or 1-on-1 private sessions, we expect that the parent will work with the child at home between sessions. For young children pre-k – first grade, we want the parents to work on patterning letters through "scribble" sheets or through multi-sensory work. For older children, we expect the students to write a "sentence per day" to practice the handwriting paper that the child is using. We also may have suggestions for using specific grips or doing work on fine motor skills through home programs. The students who consistently do homework, and have parents practice the skills, are the students that make the most progress.

Clinic Policies

Clinic and Waiting Room – Please supervise your children in the waiting room.

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

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

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

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

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

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

PRIVATE THERAPY STUDENTS

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



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Clinic Policies for Private Therapy

Evaluation Therapy Sessions & Rates:

Handwriting evaluation= \$150
 45 minute sessions = 40 minutes of therapy plus 5 minutes of parent education = \$75

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

Payment and Billing: Payment is due as services are rendered. Please check which method of payment you authorize:

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

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

_____ initial

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

_____ initial

Parent or guardian print **Date**

Child

Parent or guardian signature **Date**

Child



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Communication Consent Form

Therapy Sessions:

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

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

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

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

___ email (F) _____

___ Message with information

___ Message with call back number only

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

Parent or guardian

Date

Child



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Patient: _____
Therapist: _____
Date: _____

Referral for Occupational Therapy

Dear Physician:

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

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

Please include the following on a prescription or letterhead:

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

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

Candice Freeman, OTD, OTR
Owner/Executive Director