

# Welcome to Ready Set GO Therapy, Inc.

Prior to starting services with Ready Set GO Therapy, we ask that you to provide us with some information. This information will help us to better understand your child, and to most effectively meet the needs of your child and your family. In this packet, you will also find a description of our services and policies. Enclosed are the following:

- Registration Form
- HIPAA privacy policy information
- Privacy Policies and Procedures Receipt and Consent
- Parent Policies and Procedures
- Service Agreement
- Release of Information
- Allergy Action Plan
- Transportation Release
- Photo Release
- Sensorimotor History
- A Sensory Profile Parent Questionnaire, if appropriate. Please answer each question/test item to the best of your ability, as we are unable to score the assessment if any item is left unanswered. This questionnaire should be completed prior to your child's evaluation.

You may keep the Notice of Privacy Policies and Parent Policies and Procedures forms. Please complete the remaining forms, and fax, mail, scan and email, or drop off the forms prior to your child's first appointment at:

350 Gate 5 Road  
Sausalito, CA 94965  
Fax: (415) 963-4243  
[info@readyssetgotherapy.com](mailto:info@readyssetgotherapy.com)

Providing this information as soon as possible prior to your child's session will help us to prepare appropriately for the first meeting with your child. If no one is in the office when dropping off forms, you may slip the forms under our office door. If you have any questions, please call us at (415) 339-8800. We look forward to meeting you!

# Registration Form

Ready Set GO Therapy, Inc.

350 Gate Five Road

Sausalito, CA 94965

Phone: (415) 339-8800

Fax: (415) 963-4243

info@readyssetgotherapy.com



*Please complete the following form to provide us with the necessary information to treat your child:*

## PERSONAL INFORMATION

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent name: \_\_\_\_\_ Address: \_\_\_\_\_

Other family members in household (include sibling ages); other caregivers (include contact information):

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

Phone #'s: List name and type (cell/home/work): \_\_\_\_\_

\_\_\_\_\_  
E-Mail Addresses: \_\_\_\_\_

## MEDICAL INFORMATION

Medical Diagnosis (if applicable): \_\_\_\_\_ Date given: \_\_\_\_\_ By (name of professional): \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_ Medications: \_\_\_\_\_

Please list any known precautions or physical conditions (seizures, heart problem, asthma, muscle/bone disorder):

\_\_\_\_\_  
Person Responsible for Payment: \_\_\_\_\_ Co-pay (Kaiser only) \$ \_\_\_\_\_ Pediatrician: \_\_\_\_\_

## ADDITIONAL INFORMATION

List any additional therapy or services/interventions, and name of providers (current and previous):

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

## Primary Concerns:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Notice of Privacy Policies and Procedures

Ready Set GO Therapy, Inc.

350 Gate Five Road  
Sausalito, CA 94965  
Phone (415) 339-8800  
Fax (415) 963-4243  
info@readysetgotherapy.com



Ready Set GO Therapy, Inc. respects the confidentiality of its clients (child and legal parent/caregiver) and will maintain the privacy of your health information by all applicable federal and state laws. Information provided to Ready Set GO Therapy, Inc. will be used or disclosed as follows:

**Treatment:** We may use and disclose your child's health information as part of assessment and intervention procedures. In addition, we may use and disclose your child's information with other caregivers, professionals, or persons working with your child, only when given written consent. If a parent/legal guardian would like Ready Set GO Therapy, Inc. to consult with other caregivers/professionals/persons, he or she shall sign and submit a Release of Information form for that function.

**Billing:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** Ready Set GO Therapy, Inc. is a teaching facility. Your child's information may be used for the education of occupational therapy students and members of the community. Students, volunteers, and supplementary staff will sign a confidentiality agreement to adhere to the privacy policies and practices as outlined in this document. The quality of a child's therapy session is of primary importance. Students and volunteers will observe or participate only if this can be done without interfering with a child's session. For educational purposes your child's information may be used without consent, *only* with name and identifying information excluded. Occasionally persons within the community (for example, new parents or related services) may request to visit the facility. These visits will also be scheduled only if it is determined not to interfere with a child's therapy session.

## **Your Authorization:**

You may give us written authorization (Release of Information) to use your child's information or disclose it to anyone for any purpose. If an authorization is provided to us for any individual or entity you may revoke the authorization in writing at any time.

## **To Your Family and Friends:**

We must use and disclose your child's information to notify your family or any other person responsible for your child's care of your child's location, and/or general condition. If you are present we will provide you with the opportunity to object to such disclosures. Our Transportation Release form only grants permission for an individual to transport your child. If you would like for us to share information with those who may be transporting your child, we require a Release of Information for that individual. We will only provide information to individuals that have been identified on the Release of Information form.

## **Marketing**

We will not use your child's information for marketing purposes without a written release.

## **Required by Law**

We may be required to provide information to law officials under certain circumstances. We are mandatory reporters. We may be obligated to use or disclose your child's information if we believe that your child is a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

## **National Security**

We may be obligated to use or disclose your child's information as required for national security: to military authorities or armed forces personnel, to authorized federal officials as required for lawful intelligence, counter-intelligence, and other national security activities, or to correctional institution or law enforcement official, having lawful custody of health information of inmate or patient under certain circumstances.

## **Appointment Reminders**

We may use your child's information for appointment reminders (i.e. voice mail, reminder cards, post-it notes) In order to ensure adherence to confidentiality policies, email communication will be limited to scheduling. When discussing your child via email, parent/legal guardian is requested not to use his/her child's name in the text (initials or treatment day/time would be acceptable).

*We reserve the right to change our privacy practices at any time. If we change the privacy practices, we will issue a revised notice of privacy practices. If you wish to obtain an additional current copy of our privacy practices, you may obtain it at any time by contacting Jamie Close or Leigh Burkey at Ready Set GO Therapy, Inc. This Notice takes effect September 1, 2008, and will remain in effect until replaced.*

# Privacy Policies and Procedures

## Receipt and Consent

Ready Set GO Therapy, Inc.

350 Gate Five Road

Sausalito, CA 94965

Phone (415) 339-8800

Fax (415) 963-4243

info@readyssetgotherapy.com



We, \_\_\_\_\_ and \_\_\_\_\_, acknowledge that we have  
Print Names of Legal Parents/Guardians

received and reviewed a copy of Ready Set GO Therapy, Inc.'s Notice of Privacy Policies and Practices.

We consent to Ready Set GO Therapy, Inc.'s disclosure of our child's information for treatment/intervention, billing, and healthcare operations according to the terms outlined in the Notice of Privacy Policies and Practices.

Signed,

\_\_\_\_\_  
Signature of Legal Parent/Guardian (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Parent/Guardian (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

=====

### For Office Use Only:

Reasonable attempts were made to obtain written acknowledgment of our Notice of Policies and Procedures. However, Ready Set GO Therapy, Inc. was unable to obtain written consent due to the following:

- ☐ Individual Refused to Sign
- ☐ Communication barriers prohibited written exchange
- ☐ Other:

Explain: \_\_\_\_\_

Additional Notes:

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

# Parent Policies

Ready Set GO Therapy, Inc.  
350 Gate Five Road  
Sausalito, CA 94965  
Phone: (415) 339-8800  
Fax: (415) 963-4243  
info@readyssetgotherapy.com



## Rates for Services:

### **FOR NEW CLIENTS**

**Full Service Evaluation:** \$675 minimum for a 2 hour evaluation including standardized testing (as appropriate), clinical observations, and parent report. This evaluation is intended to determine whether occupational therapy is appropriate for your child, as well as to assess foundational skills and deficits, and to provide a more comprehensive understanding of how to best address your child's needs. The evaluation includes a comprehensive written report including accommodations and a home programs as well as a one-hour consultation to review the results and outline an intervention plan (as applicable). Additional testing, when necessary and/or requested, will be completed at a rate of \$140 per hour. Half of the cost is due at the first evaluation session. The remaining balance is due upon completion of the evaluation.

*Note:* A current evaluation is required for ongoing therapy. An occupational therapy evaluation completed at another facility within the past one year is acceptable. If this option is chosen, first therapy session will be \$280, which includes review of previous reports and a parent conference to discuss the goals of therapy and the intervention plan.

**Initial Consultation (without an evaluation):** This service is \$280 and includes 1 hour of direct clinical observations of your child followed by the development of a home program and/or accommodations to address a specific area of concern. Follow-up appointments may be recommended to assist in modifications to the home program, and these are billed at \$140/hour as individual treatment sessions as described below. *Note: This option is **not** appropriate for regular ongoing treatment intervention, or to address more than one area of concern.*

### **FOR EXISTISTING CLIENTS**

(These services are available after completing an occupational therapy evaluation)

#### **Individual Treatment Sessions, Parent Conferences, and Consultation with Other**

**Professionals:** \$140 per hour. This is inclusive of a 50-minute session, plus 10 minutes for set-up, clean-up, treatment planning, and documentation.

*Note: Consultation with Parents and other Professionals is considered to be a critical component of therapy, and leads to faster progress. Parent conferences are recommended at 4-6 week intervals to revisit recommendations and address specific problem areas. Please let your therapist know if you would like to schedule a conference.*

**Phone/Email Consultations:** In order to best serve your child, we intend to keep open communication with families, and to collaborate with other caretakers and professionals involved in your child's life. There will be no extra charge for a phone or email consultation lasting up to 15 minutes. \$140/hour will be charged for phone conferences or emails lasting more than 15 minutes (pro-rated based on length of time). Our email is not secure. Due to confidentiality, we will use your child's initials when discussing client-sensitive information.

**Off-site Consultations:** Home or community-based consultations will be provided at \$140/hour, plus a \$25 flat rate to cover travel time and costs within Marin County, \$30 flat rate within San Francisco. Fee for travel to other areas will be pro-rated based on our hourly rate.

**School Consultations:** Flat rate of \$280. Includes a 1 hour classroom observation, consultation with the teacher, travel time, and written recommendations.

**Progress Reports:** Progress reports will be charged at a rate of \$140/hour for ongoing intervention every 6-12 months, if a written report is desired. Please let us know if your insurance plan has specific requirements in order to receive coverage.

**Updated Individualized Home Programs:** Updated individualized home programs will be developed, upon request, at a rate of \$140/hour.

### **Other fees**

There is a \$30.00 fee for returned checks, in addition to any fees charged to us by our financial institution. A late fee of \$20 along with a 4% interest charge may be applicable if payment is not received within 30 days of billing date.

### **Cancellations/Holidays**

24-hour advance notice is required for cancellations.

- Cancellations made within 24 hours of a session will be charged a flat fee of \$70
- **Cancellations must be made by phone or confirmed in writing. Verbal cancellations must be followed up via phone or email.**
- No-Shows and sessions cancelled with less than 4 hours of notice will be charged at 100% of the regular treatment cost

Please cancel your child's session if he/she has a fever or is otherwise known to be contagious. If your child develops a contagious illness and has potentially exposed other children at our facility to the illness (for example conjunctivitis, chickenpox, head lice, or impetigo), Ready Set GO Therapy should be notified at once.

Up to 2 cancellations per calendar year can be made at no charge in case of illness. Although illness may happen suddenly, we ask that you contact us as promptly as possible if your child will miss his or her session.

Two consecutive no-shows may constitute termination of therapy.

Ready Set GO Therapy, Inc. will be closed for most major holidays. Please speak with your therapist regarding specific dates.

### **Payment**

Payment is due on a monthly basis. Payment options include credit, debit, or check. Cash will also be accepted if exact change is given, as we do not keep cash readily available as change. Ready Set GO Therapy, Inc. does not bill insurance. However, we will provide information needed to assist in receiving reimbursement, based on your individual policies. Please inform your therapist if any additional information is requested by your individual insurance policy. Charges are non-negotiable as agreed upon in service agreement. If payment is not made within one month of billing

date, your child will no longer receive services until the account is up to date and charges may apply.

*\*Note: Rates are subject to change. A minimum of 2 weeks advanced written notice will be provided.*

## **Additional Considerations:**

### **At your child's treatment session**

Sessions are 50 minutes long with 10 minutes for transition, preparation, and documentation. Therapists have very tight schedules and do not have the flexibility to have extended conversations without prior notice during a regular therapy day. Communication is important, however, and if there are questions or comments that need to be discussed, the parent may request to have a shortened session with a private conference or set up an additional parent conference appointment.

**To ensure everyone's safety, please do not allow children onto the mats or other equipment without the direct supervision of a therapist during your child's scheduled therapy session.**

In addition, for the safety of your child, Ready Set GO Therapy, Inc. asks that you are prompt in picking up your child at the end of his or her 50-minute session. Ready Set GO Therapy, Inc. is not responsible for supervising your child after the session has ended. You will be charged at the regular therapy rate for late pick-ups. If anyone other than the parent will be picking up your child, please sign a Transportation Release form to be kept on file, or notify your therapist in writing. We cannot accommodate children who are dropped off early for therapy sessions. Please make sure your child is supervised at all times prior to and after the therapy appointment.

### **Attire**

Clothing that is well fitted to the child's body, casual (active wear), and seasonable will be appropriate. Your child may be invited to participate in messy play. Shoes are not permitted on areas with mats.

### **Pets**

Service animals are permitted. Other pets are not allowed in the building due to allergies and potential sensitivity of children in the facility.

### **Allergic Reactions**

We require an Allergy Action Plan on file for all children with allergies that may require immediate treatment (such as to food, bee stings, latex). Please make sure to alert your therapist if your child has such an allergy and complete the Allergy Action Plan Form included in your welcome packet.

### **Disaster Preparedness**

In the case of evacuation due to a natural disaster or emergency, our established nearby meeting place is across the street, in front of Anchorage Restaurant. Our established meeting place if this location is not safe is at the Mollie Stones tables, situated directly between Mollie Stones and the USPS.

### **Discontinuing Services**

The decision to discontinue services should be a collaborative decision between the family and the therapist, and typically occurs once a child's needs are able to be met through an established home

program and/or other services within the community. If you decide to discontinue services, or are unable to continue sessions at your child's current time, a **2-week notice to discontinue is required.**

### **Right to Refuse or Discontinue Services**

Interpretation, recommendations, and treatment plans are based, in part, on the history and information that you provide Ready Set GO Therapy, Inc. If information about your child's medical/educational history, interventions, and needs are withheld, misrepresented, altered, or omitted, Ready Set GO Therapy, Inc. reserves the right to terminate the services. Services may be refused or discontinued due to non-payment of services, aggressive behavior, lack of progress, lack of cooperation, or a poor match between the needs of the family and skills of the therapist.

### **Waiting List**

If we are unable to accommodate your child for intervention on a regular basis at a time that works for your family's schedule, you may opt to put your child on a waiting list for services. After completing an initial phone consultation to discuss the presenting areas of concern, informational materials will be sent immediately about the clinic and services that we offer. We understand that a timely response is important and will do our best to respond to your request as soon as possible.

Families will be contacted in the order their request was received, and based on individual availability. Flexibility is important. If a time is available that you cannot accommodate, the next person on the list will be contacted. You will remain at the top of the list for the next available time.

### **Therapists**

Our therapists are independent business entities who rent space in our facility or with whom we establish contracts. We hand select Occupational Therapists through an intensive application and hiring process and we have complete confidence that each therapist will uphold our high standard of practice.



# Service Agreement For Occupational Therapy Services

Ready Set GO Therapy, Inc.

350 Gate Five Road  
Sausalito, CA 94965  
Phone (415) 339-8800  
Fax (415) 963-4243  
info@readyssetgotherapy.com



I have requested occupational therapy services for my child, \_\_\_\_\_,  
print child's name

Movement, moving equipment, as well as physical manipulation, are integral to our therapy interventions. While reasonable measures will be taken to avoid injury, I recognize that injuries can occur. Exposed skin and skin-to-skin contact may also occur with provision of services.

I understand and agree to the following rates and fees:

## Service Rates:

Evaluation =	\$675
Initial consultation =	\$280
1st session, outside evaluation =	\$280
Treatment session =	\$140 includes 50 min. session, planning, and documentation
Phone/Email consultation =	\$140/hour pro-rated based on length of time (over 15 minutes)
Off-site consultation =	\$140/hour + travel fee
Travel fee=	\$25 within Marin County \$30 within San Francisco \$140/hour pro-rated based on time to travel to other areas
School consultation =	\$280 flat fee
Progress reports =	\$140/hour
Written home program=	\$140/hour

## Other fees:

Late cancellation*=	\$70 flat fee for less than 24 hours notice
No-show*=	\$140 for less than 4 hours notice
<i>*ALL cancellations <b>must</b> be made by phone or in writing</i>	
Late pick-ups=	\$140/hour pro-rated on length of time
Returned Check=	\$30 + any bank fees
Late Payments =	\$20 & 4% interest on outstanding balance of 30 days or more from billing date

I confirm that I have received and reviewed the Parent Policies and Procedures and agree to adhere to the terms stated.

\_\_\_\_\_  
Signature of Legal Guardian (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian (2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship

# Release of Information

Ready Set GO Therapy, Inc.

350 Gate Five Road

Sausalito, CA 94965

Phone: (415) 339-8800

Fax: (415) 963-4243

info@readyssetgotherapy.com



I hereby authorize the exchange of medical, psychosocial, educational, and developmental information regarding \_\_\_\_\_

Print Child's Name

Date of Birth

## Between:

Ready Set GO Therapy, Inc.

350 Gate Five Road

Sausalito, CA 94965

415-339-8800

info@readyssetgotherapy.com

## And:

(Please list all applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact Information

This consent is valid and in effect for two years, unless written request to renew or withdraw this form is provided.

Authorized by:

Parent Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Allergy Action Plan

## Emergency Care Plan

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following: \_\_\_\_\_

### THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* present.
- ☐ If checked, give epinephrine immediately if the allergen was *definitely* present, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known exposure:

#### One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

#### Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, diarrhea, crampy pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:\*
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth  
SKIN: A few hives around mouth/face, mild itch  
GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

## Medications/Doses

Epinephrine (brand \_\_\_\_\_ and dose \_\_\_\_\_):

Antihistamine (brand \_\_\_\_\_ and dose \_\_\_\_\_):

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

## Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

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

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

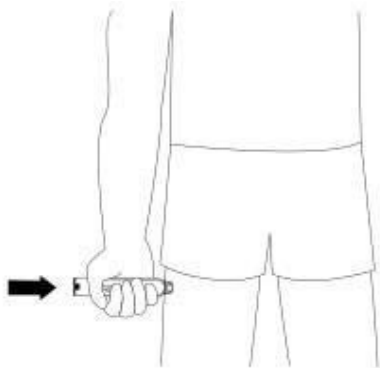
Date \_\_\_\_\_

## EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

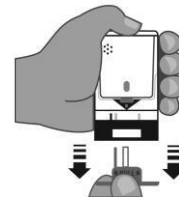
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.



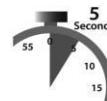
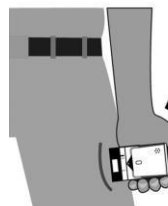
EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

## Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.



Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

**Auvi-Q™**  
epinephrine injection, USP  
0.15 mg/0.3 mg auto-injectors

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## Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Allergy Action Plan.

## Contacts

Call 911 • Rescue squad: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

# Transportation Release

Ready Set GO Therapy, Inc.

350 Gate Five Road

Sausalito, CA 94965

Phone: (415) 339-8800

Fax: (415) 963-4243

info@readysetgotherapy.com



I give permission for my child, \_\_\_\_\_,  
print child's name

to leave occupational therapy with the follow individuals (please list names of any relatives, sitters, or  
friends that you would like to authorize to transport your child):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Authorized by:

\_\_\_\_\_  
Signature of parent/legal guardian Date

\_\_\_\_\_  
Print name

# Photo Release Form

Ready Set GO Therapy, Inc.

350 Gate 5 Road

Sausalito, CA 94965

Phone 415-339-8800

Fax 415-963-4243

info@readyssetgotherapy.com



*\*THIS FORM IS OPTIONAL.*

I give my permission for Ready Set GO Therapy to use images or video of my child or family

\_\_\_\_\_ for promotional and/or educational purposes.

All photos or videos used will be taken during scheduled treatment sessions. Photos or videos may be used in print materials, presentations, and on the Ready Set GO Therapy website. I understand that these photos or video will be used for promotional and/or educational purposes only.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

# Sensorimotor History

Ready Set GO Therapy, Inc.

350 Gate Five Road  
Sausalito, CA 94965  
Phone (415) 339-8800  
Fax (415) 963-4243  
info@readyssetgotherapy.com



Please complete the following form to help us gain more information to determine the needs of your child:

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

Person completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Significant medical history including major illness, accidents or incidents, and date of occurrence:

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## Developmental History

### Birth History

**Circle All Applicable:** Full term    Premature    Breech    Caesarian    Difficult labor    Forceps    Suction

Birth weight: \_\_\_\_\_

List any complications or other significant information regarding prenatal period/birth. *This information is important in our understanding of how to best approach intervention for your child, as it can impact sensory and motor development:*

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### Developmental Milestones

**Circle All Applicable:** Reflux/GI issues    Colic    Difficulty Sleeping    Limited Self-Soothing    Torticollis

Give approximate *age of mastery*, if known:

Rolling over: \_\_\_\_\_ 1-2 words: \_\_\_\_\_ Using Sentences: \_\_\_\_\_

Potty Training: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Establishment of Regular Sleep/Wake Cycles: \_\_\_\_\_ Falling Asleep Independently: \_\_\_\_\_

Did your child master a smooth and symmetrical crawl for a minimum of 1-2 months? Yes / No

If no, please describe: \_\_\_\_\_

Do you notice any asymmetry in your child? Yes / No Describe: \_\_\_\_\_

Does your child sleep well? Yes / No Describe: \_\_\_\_\_

**About Your Child:**

Please describe your child's morning and evening routines (including level of assistance required):

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What is your child's level of independence and/or ability to tolerate participation in dressing/undressing and completing self-care and grooming tasks (brushing teeth, bathing, washing/brushing hair):

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Please describe mealtimes with your child. Include all relevant information, including where your child eats, whether he/she eat meals with the rest of the family, and level of assistance required for self-feeding:

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Please describe the level of safety awareness your child exhibits at home and within the community:

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Please list any concerns you have (if any) related to your child's social skills and interactions:

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Is your child able to play independently? What are your child's favorite activities?

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What things does your child seem to fear or avoid, if any?

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Please list any questions or concerns that you would hope this screening/evaluation would answer?

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Do you have any tips or strategies to suggest when working with your child?

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What are your child's greatest strengths?

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Is there anything else that you would like for us to know about your child?

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