**Information Sheet**

Parent/Caregiver’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name:

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers ***with area code:***

Home: ( )\_\_\_\_\_\_\_\_\_\_\_Work: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_

Names/relationship and ages (children ages only) of everyone in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child currently receive therapy services of any kind?

Please list, with therapist name, frequency of therapy and contact number:

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

This box is for you to briefly state your expectations or desires you have for your child while attending Ther-a-dog Services:

|  |
| --- |
|  |

I hereby consent for Cindy Ferrante to provide evaluation and treatment of my child \_\_\_\_\_\_\_\_\_\_. I understand Ms. Ferrante may wish to bring in colleagues for consultation or assistance. I agree to allow this at her discretion. I also agree to let Ms. Ferrante contact any individual listed on this form for diagnostic purposes if I have provided a phone number.

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

Signature Date

**Medical and Health History** (use the back when necessary)

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None\_\_\_\_\_

Approximate date of your child’s most recent physical examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child toilet trained? Yes\_\_\_ \*No\_\_\_\_

**\* If No, and we intend for your child to be in the pool, *must* be used!!!**

**(HUGGIES® Little Swimmers or Pampers Splashers Diapers or similar.)\***

Is your child independently ambulatory? Yes \_\_\_\_ No \_\_\_\_

**Please list your child’s current medications and dosages:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **Name of Prescribing Doctor** | **When taken?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please list current diagnosis:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Are you willing to join in the sessions in any capacity? If there are limitations, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that the pool contains chlorine and other chemicals necessary to maintain sanitary conditions. I will be given an opportunity to rinse my child \_\_\_\_\_\_\_\_\_off before leaving the session.**

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

Signature Date

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Below requires an honest appraisal of your child’s behaviors.

Please know that **NO** child will be turned away for **ANY** behavior.

Please (x) all that apply to your child: Yes No

*\*lists of specific item/behavior on line provided\**

Seizures under control with meds \_\_\_\_\_ \_\_\_\_\_

Seizures NOT under control with meds \_\_\_\_\_ \_\_\_\_\_

Tantrums/frequent crying \_\_\_\_\_ \_\_\_\_\_

Cautious of strangers’/shy \_\_\_\_\_ \_\_\_\_\_

Panic or anxiety \_\_\_\_\_ \_\_\_\_\_

Sensitive to light \_\_\_\_\_ \_\_\_\_\_

Sensitive to noise \_\_\_\_\_ \_\_\_\_\_

Easily distracted \_\_\_\_\_ \_\_\_\_\_

Hyper focus (concentrates to the point of unaware of surroundings) \_\_\_\_\_ \_\_\_\_\_

Startles easily \_\_\_\_\_ \_\_\_\_\_

\*Self-injurious behaviors \_\_\_\_\_ \_\_\_\_\_

Bangs head or other body part \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Aggression toward family member’s \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Aggression toward others not family \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Puts objects, other than food, in mouth \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Picky eater (list specific foods) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enjoys light touch \_\_\_\_\_ \_\_\_\_\_

Enjoys deep pressure \_\_\_\_\_ \_\_\_\_\_

Lives for TV or video games \_\_\_\_\_ \_\_\_\_\_

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

Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date**Ther-a-dog Services Agreement**

Let me tell you about my procedures and policies concerning important aspects of your child’s sessions. Please let me know if you have any concerns about these policies. Your free consultation will help me get a general understanding of your situation in order to determine how I might best help your child. I want you to participate actively in the planning of your child’s sessions, so don’t hesitate to ask questions!

* Ther-a-dog Services may present disguised case material in seminars, classes, or workshops. In this situation, all identifying information and Protected Health Information is removed, and client confidentiality and anonymity is maintained.

**APPOINTMENTS, HOURS AND LOCATION**

Individual appointments last approximately 45-60 minutes and can be made by calling (**602) 647-0133**. Please leave a message if you receive voicemail. *If you need to cancel an appointment, notify me at least 24 hours before the session, or you will be charged $30 for the time you reserved for the appointment.* However, if you call in advance to cancel an appointment for any reason, there will be no charge. Cancelations can also be made by calling (**602) 647-0133.**

**DO NOT CANCEL APPOINTMENTS VIA EMAIL or TEXT MESSAGES!**

Appointments can be made for late afternoons and evenings, Monday thru Friday. Appointments can also be made for Saturdays and Sundays anytime. Any household member, educator, respite worker or treating therapist can actively or passively attend the sessions. However, I do not recommend younger siblings attend until a much later date. \*If you are going to have someone, other than the legal guardian, **bring** your child to his/her sessions please list them below. ***I will only release your child to the person who brought them or the legal guardian.***

\*\*In other words; if your respite worker brings them, you or the respite worker will be taking them home.\*\*

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

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

Your child can be seen in your home, a neutral location, or at my home. There will be no mileage charges but you will incur a one-time fee of $35.00 when you choose to have sessions at your home or an outside location. **All sessions should be paid using cash or personal check at the time of service.** Most sessions will cost $65.00. If for any reason a personal check is returned for insufficient funds you will be responsible for any bank fees I incur and checks will no longer be accepted. **No exceptions**.

When using a credit/debit card you may pay by using PAYPAL, and payment can be sent to:

Ther-a-dog@cox.net or paid by logging on to www.ther-a-dog.com and going to the bottom of the Services page. Payments should be received from PAYPAL in advance of the session.

**TELEPHONE CALLS AND EMERGENCIES**

Please leave a working phone number if you plan on leaving the session. It is important I be able to contact you at anytime during the session. If you plan on passively attending the session, you will be asked to refrain from phone calls within the treatment area.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.**

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

Parent/Legal Guardian Date