



Private Occupational Therapy

In-Home Pediatric Occupational Therapy

Sign Up and Consent for Occupational Therapy Screening

Parent/Guardian Name: _____

Parent/Guardian Contact Phone and Email

Child's Name: _____

Date of Birth: _____ Classroom/Teacher Name _____

Significant Medical History (recurring illness, hospitalizations, surgeries, etc):

Birth weight: _____

Any complications and/or short duration of birth?

Known allergies:

Any current medications?

Has your child received any ear tubes? If so, when, do they currently have them, and each ear?

Specific concerns about your child's development you may have:



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Anything else you would like Chelsea to know about your child?

I, _____ (print name), hereby consent to my child,
_____ (print child name), to participate in a 10-20 minute occupational therapy screening conducted by Chelsea Guerra, MOT, OTR/L to assess developmental progression in the areas of gross, fine, ocular and visual motor, bilateral coordination, global strength, and sensory processing.

Parent/Guardian Signature

Date