Special Therapies, Inc.

1720 Dolphin Drive, Unit B
Waukesha, Wisconsin 53186
Phone: 262-347-2222

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Pediatrician: _____ Referral source: _____

Parents or Guardians:_____

Home phone: _____ Cell phone: _____

E-mail address: _____

IF CHILD IS NOT LIVING WITH BOTH PARENTS, PLEASE COMPLETE THE FOLLOWING:

Custody: Joint Single Custodial Parent: _____

Name of non/joint-custodial parent: _____

Address of non/joint-custodial parent: _____

Telephone of non/joint-custodial parent: _____

Has the non/joint-custodial parent agreed to this treatment plan? Yes No Don't know

POLICIES AND FEES

Sue's Intervention Fee: $125 per hour (Occupational Therapist, CranioSacral Therapist – Diplomat)
Lena's Intervention Fee: $125 per hour (Doctor of Physical Therapy Providing Integrative Therapies)

- Payment is required at the end of each session.
- We can submit claims on client's behalf to their primary insurance company but do not accept assignment. ***Special Therapies, Inc. is out-of-network for all private insurance companies and Medicare.***
- No shows and cancellations within 24 hours of scheduled appointment are subject to a $50 fee.

I hereby authorize Special Therapies, Inc. to evaluate and administer therapeutic treatment as deemed necessary by Special Therapies, Inc. I understand that I will receive an explanation in understandable terms of the therapy recommended for the above-named person, including possible side effects associated with treatment. I agree to the above-stated policies and understand that I am responsible for all debt incurred with Special Therapies.

Parent/Guardian Signature: _____ **Date:**_____

Printed Name: _____ **Relationship to client:** _____