

CHILD: _____ DATE: _____
THERAPIST: _____ PHONE NUMBER: _____

Welcome to Oasis Pediatric Therapy! We are happy to help your child and family achieve the therapy goals that we develop together with you. Here are some of the things to expect as we work together to optimize your child's overall health and wellness:

1. Medicaid functions on 60 day episodes of care, so approximately every 60 days there will be a reevaluation of your child and we will review their goals and progress with you. Please feel free anytime during each 60 day episode to ask any questions you have. We want to help!
2. If your child gets admitted to the hospital for any reason, please let us know as soon as possible.
3. Your child will be seen each week as ordered in the plan of care, and we will try to make it consistent to meet your needs as much as possible. Please prioritize these visits and let us know with as much notice as possible if you need to cancel. When a visit is canceled we will attempt to make up that visit within the same week or the following week when appropriate. We understand that unexpected situations occur. We will try to be flexible with your needs.
4. Because of drive time, traffic and variable time to meet each child's needs, we can't always be at your home at a specific time. We will do our best to estimate the time we will be there within a 15 minute window. We thank you for your patience!
5. You can reach out at the number listed above to reach your therapist. . There may be a delayed response during the time we are working with other kids. Also, generally we don't answer in the evenings or weekends unless there is a pressing issue or it's for scheduling. Thanks for understanding!
6. **The best results are achieved when parents/caregivers actively participate in therapy and follow the home exercise program provided. To get you started, we are giving you a few things to start working on right away. A full program will be developed as we get to know your child better and as new skills emerge.**

HOME EXERCISE PROGRAM:

Things to Start working on right away



Parent/Guardian/Caregiver _____ has been trained in this program and is competent to provide.

We look forward to getting to know and help your child and the whole family!
Thank you for allowing us into your home!

Therapist Signature: _____ Date: _____