

GENESIS OUTPATIENT PEDIATRIC THERAPY CENTER

ENROLLMENT IS LIMITED. THE ENROLLMENT PROCESS WILL BEGIN WHEN THIS APPLICATION IS RECEIVED. Due Date: May 10, 2019

Child's Name: _____ Date of Birth: _____

Name of Parent(s): _____ Phone Number: _____

Address/City/State/Zip: _____

Has your child attended our clinic? Yes No Current Patient Do you need a Genesis financial assistance application? Yes No

Physician's Name: _____ Referred by: _____

Current School & Grade: _____ School in Fall 2019: _____

Please check desired therapies

- Individual Occupational Therapy
- Individual Physical Therapy
- Individual Speech Therapy
- Handwriting Skills: Pre-K & K Group (Mondays 2:15-3 pm)
- Constraint Induced Movement Therapy (Tues 9:30-10:30 am)
- GoPeds Ninja Warrior (Mondays 4-4:45 pm)
- ESPN (Tuesdays 2:15-3 pm)
- Chance to Dance: School-Age Group (Wednesdays 2-2:45 pm)
- Chance to Dance: Preschool-Kdg. Group (Wednesdays 3-3:45 pm)
- High School Social Skills Group (Tuesdays 12:30-1:30 pm)
- Life Essentials: Ages 15-22 (Thursdays 4-5 pm)

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Please complete the following if your child receives therapy services at his/her school or other agency:

RELEASE OF INFORMATION: I authorize Genesis Medical Center to disclose and/or obtain all current OT/PT/Speech information from

_____ regarding _____
Agency/school Child's name

Parent/guardian signature _____ Date: _____

RETURN THIS FORM TO: Genesis Outpatient Pediatric Therapy Center
2535 Maplecrest Road, Suite 23
Bettendorf, IA 52722

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