



Children's Therapy Center, Inc.

Ph: 651-994-9644 / Fax: 651-994-8962

Welcome to Our Clinic!

Thank you for allowing us the opportunity to provide services for your child. If you would like to schedule an appointment please contact us at 651-994-9644. Part of the intake and assessment process is getting accurate information from you. You will find below printable forms to complete. Depending on your child's needs, we may have additional forms that we will have to mail. We require this information for the assessment. It is important that we receive all of these forms prior to your first appointment. In order to schedule the Evaluation, your flexibility will expedite the scheduling process. Thank you for your support.

Forms to be completed:

- **Patient Service Agreement**
- **Child Case History Form - This form must be received before the evaluation occurs. Your child's evaluation will need to be rescheduled or cancelled should this information not be received prior to the evaluation. In addition, if OT/PT questionnaires are sent these must also be returned prior to your child's appointment.**
- **Patient Authorization to Release/Obtain Information** - This form needs to be completed if you would like us to communicate with any other professionals that are involved with your child. Please complete one per professional.
- **Health Insurance Benefits Worksheet**

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