



## Developmental Screening Informed Consent

Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### CLIENT INFORMATION

Client Name: \_\_\_\_\_ Sex (circle): M F DOB: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_ Confidential? Y/N  
Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Confidential? Y/N  
\_\_\_\_\_ Cell phone: \_\_\_\_\_ Confidential? Y/N  
Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_ Confidential? Y/N  
Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Confidential? Y/N  
\_\_\_\_\_ Cell phone: \_\_\_\_\_ Confidential? Y/N  
Email: \_\_\_\_\_

Are the child's parents:  Married  Divorced  Separated

\*If joint custody, both parents must verbally consent to services before screening/evaluation/treatment.\*

### INFORMED CONSENT

I have received a copy of notice of Privacy Practices. I give consent for The Therapy Tree, LLC to perform a developmental screening with \_\_\_\_\_.

*Child's Name*

\_\_\_\_\_  
*Parent/Guardian Name Printed*

\_\_\_\_\_  
*Parent/Guardian Signature*

### TOPICS TO THINK ABOUT BEFORE YOU RECEIVE A QUESTIONNAIRE

- Communication (gestures, babbling, talking)
- Understanding (listening, responding, walking, jumping, coordination)
- Gross Motor (crawling, sitting, walking, jumping, coordination)
- Fine Motor (using hands, play with toys, behavior, daily routine, coordination)
- Problem Solving (efficient play with toys, observe others, reasoning)
- Significant medical history including pregnancy, delivery, newborn screenings, feeding, any diagnosis of health condition, health concerns, or childhood illnesses, current hearing and vision, daily routine tasks