



CARROUSEL THERAPY CENTER CORPORATION

PATIENT INTAKE FORM

PATIENT INFORMATION

Patient Name: _____
Last First MI

Gender: M or F

Date of Birth: _____

SS#: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERRING SOURCE / PCP

Physician Name: _____
Last First MI

Phone: _____

Fax: _____

PARENT / LEGAL GUARDIAN

Name: _____ Relation to Child: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Cell: _____

Email: _____

YOUR HEALTH CARE PROVIDER, INSURER, OR PLAN MAY REQUIRE A PHYSICIAN REFERRAL OR PRIOR AUTHORIZATION AND YOU MAY BE OBLIGATED FOR PARTIAL OR FULL PAYMENT FOR THERAPY SERVICES PROVIDED.

AUTHORIZATION and ACKNOWLEDGEMENTS

HIPAA: Notice of Privacy Practice

By signing this statement, you are acknowledging that you have had the opportunity to receive HIPAA Notice of Privacy Practices:

PATIENT NAME

(Printed): _____

Signature: _____ **Date:** _____
Parent/Legal Guardian or Self

INSURED or AUTHORIZED PERSON'S SIGNATURE

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby assign and request payment to be made directly to Carrousel Therapy Services Corporation for services rendered to my child.

Signature: _____ **Date:** _____

"Signature on file" will automatically print on your claim form, allowing insurance to pay directly.

RECORD RELEASE

I hereby authorize the release of any necessary information to process insurance claims, including medical and billing information, as well as to discuss the child's case information with other Therapists working within Carrousel Therapy Services Corporation, to/from, from/to the referring physician, Therapist co-workers and insurance company.

Patient or Authorized Person signature: _____ **Date:** _____

SCHEDULING (for first time appointments)

Please list all times your child will be available for their appointment/s. Sometimes are more difficult to schedule than others. It will assist us with scheduling your child quicker if you give us as many options as possible. We will do everything we can to work with you. Thanks for your assistance.



CONSENT TO TREATMENT

- I. _____(Initial here) I have received the **Consumer Handbook**. I was given time to ask questions and I understand the answers that were given to me.

The Consumer Handbook has information on the following subjects:

1. Consumer Rights and Responsibilities
2. Rights and Responsibilities
3. Confidentiality and Release of or Request for Information Policies
4. Notice of Privacy Practices
5. Grievance Procedure

- II. _____(Initial here) I have been provided with a list of **Recommendations for Emergencies After Hours**

- III. _____(Initial here) **Consent to Treatment**

I understand that all information, including client assessment, treatment notes, etc. are treated with strict confidentiality and that no information, either verbal or written, will be shared without the written consent of legal guardian (if client is under the age of 18). I understand that individuals responsible for care through Company will need to have access to confidential information for the purpose of assessment and treatment coordination. By law, rules of confidentiality do not hold under the following conditions:

1. If abuse or neglect of a minor, disabled or elderly person is reported or suspected, the provider is legally required to report concern to Department of Children and Families
2. If, during services, the professional receives information that someone's life is in danger, that professional has a legal duty to warn the threatened individual.
3. If Company or staff testimony is subpoenaed by Court Order, we are required to produce records or appear in court to answer questions about the client.

I consent to treatment taking place at the following location(s): Home School Office Telehealth

- IV. _____(Initial here) **Coordination of Care** (Please select one)

I **consent** to coordination of care with Primary Care Physician when clinically appropriate. I also authorize the staff from Company, Inc. to release monthly updates regarding medication changes to the Primary Care Physician for the purpose of continuity in care if applicable. I consent to coordination of care, which may include sharing information verbally or in writing through psychotherapy notes related to my/my child's treatment with all Company Staff and Contract Staff when clinically appropriate.

I **do not give consent** for CBHS to coordinate care with my PCP, checking this box I am declining consent

- V. _____(Initial here) **Financial Responsibility**

I understand that I must disclose all insurance coverage. If failure to disclose results in a denied claim, I will be financially responsible.

Information on this page has been explained to me. I understand that I may revoke this consent at any time except for action that has already been taken. A copy of this form shall be as valid as the original for a period of one year from date of signing.

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____



HIPAA RELEASE FORM

I _____, parent/guardian of
patient _____

give permission to "CARROUSEL THERAPY CENTER CORPORATION" and all employees to discuss and/or receive medical information including medical records concerning any and all aspects of patient's previous healthcare by a doctor, physical, occupational or speech therapist, or another medical professional. This release is required to obtain medical information according to the privacy rule detailed in HIPAA (The "Health Insurance Portability and Accountability Act" of 1996).

Patient Name: _____

Patient Date of Birth: _____

Patient's Social Security: _____

Patient/Parent/Guardian's Name (Printed): _____

Patient/Parent/Guardian's Signature: _____

Date: _____



Florida Patient's Bill of Rights and Responsibilities Florida Statute 381.026

(1) SHORT TITLE. --This section may be cited as the "Florida Patient's Bill of Rights and Responsibilities."

(2) DEFINITIONS. --As used in this section and s. 381.0261, the term:

1. a) "Department" means the Department of Health.
2. b) "Health care facility" means a facility licensed under chapter 395.
3. c) "Health care provider" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, or a podiatric physician licensed under chapter 461.
4. d) "Responsible provider" means a health care provider who is primarily responsible for patient care in a health care facility or provider's office.

(3) PURPOSE. --It is the purpose of this section to promote the interests and well-being of the patients of health care providers and health care facilities and to promote better communication between the patient and the health care provider. It is the intent of the Legislature that health care providers understand their responsibility to give their patients a general understanding of the procedures to be performed on them and to provide information pertaining to their health care so that they may make decisions in an informed manner after considering the information relating to their condition, the available treatment alternatives, and substantial risks and hazards inherent in the treatments. It is the intent of the Legislature that patients have a general understanding of their responsibilities toward health care providers and health care facilities. It is the intent of the Legislature that the provision of such information to a patient eliminate potential misunderstandings between patients and health care providers. It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment. This section shall not be used for any purpose in any civil or administrative action and neither expands nor limits any rights or remedies provided under any other law.

(4) RIGHTS OF PATIENTS. --Each health care facility or provider shall observe the following standards:

(a) Individual dignity. --

1. The individual dignity of a patient must be always respected and upon all occasions.
2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.
3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to

the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.

4. A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

(b) Information. --

1. A patient has the right to know the name, function, and qualifications of each health care provider who is providing medical services to the patient. A patient may request such information from his or her responsible provider or the health care facility in which he or she is receiving medical services.

2. A patient in a health care facility has the right to know what patient support services are available in the facility.

3. A patient has the right to be given by his or her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis, unless it is medically inadvisable or impossible to give this information to the patient, in which case the information must be given to the patient's guardian, or a person designated as the patient's representative. A patient has the right to refuse this information.

4. A patient has the right to refuse any treatment based on information required by this paragraph, except as otherwise provided by law. The responsible provider shall document any such refusal.

5. A patient in a health care facility has the right to know what facility rules and regulations apply to patient conduct.

6. A patient has the right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of patients' rights. A patient has the right to know the health care provider's or health care facility's procedures for expressing a grievance.

7. A patient in a health care facility who does not speak English has the right to be provided an interpreter when receiving medical services if the facility has a person readily available who can interpret on behalf of the patient.

(c) Financial information and disclosure. --

1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.

2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.

3. A health care provider or a health care facility shall, upon request, furnish a patient, prior to provision of medical services, a reasonable estimate of charges for such services. Such reasonable estimate shall not

preclude the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

4. A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.

(d) Access to health care. --

1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.

3. A patient has the right to access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of s. 456.41.

(e) Experimental research. —

In addition to the provisions of s. 766.103, a patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.

(f) Patient's knowledge of rights and responsibilities. —

In receiving health care, patients have the right to know their rights and responsibilities.

(5) RESPONSIBILITIES OF PATIENTS. --Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each patient shall observe the responsibilities described in the following summary.

(6) SUMMARY OF RIGHTS AND RESPONSIBILITIES. --Any health care provider who treats a patient in an office or any health care facility licensed under chapter 395 that provides emergency services and care or outpatient services and care to a patient, or admits and treats a patient, shall adopt and make available to the patient, in writing, a statement of the rights and responsibilities of patients, including the following:

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information, and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

"I hereby acknowledge that I read and understand "The Patient's Bill of Rights and Responsibilities"

Patient Name (Printed): _____

Signature: _____ **Date:** _____

History. --s. 1, ch. 91-127; s. 65, ch. 92-289; s. 656, ch. 95-148; s. 21, ch. 98-89; s. 178, ch. 98-166; s. 64, ch. 99- 397; s. 7, ch. 2001-53; s. 2, ch. 2001-116.

COVID- 19 PATIENT SCREENING FORM

Please check

Yes or No

- 1 Do you have a fever or have you felt hot or feverish recently (14-21 days)?
- 2 Do you have a dry cough?
- 3 Have you experienced shortness of breath or other difficulties breathing?
- 4 Do you have a runny nose?
- 5 Do you have any recent onset of headache or sore throat?
- 6 Do you have muscle pain?
- 7 Do you have flu-like symptoms, such as gastrointestinal upset, headache or fatigue?
- 8 Have you recently lost or had a reduction in your sense of taste or smell?
- 9 Have you been in contact with someone who has tested positive for COVID-19?
- 10 Have you tested positive for COVID-19?
- 11 Are you over the age of 65?
- 12 Do you have heart disease, lung disease, kidney disease, diabetes or any autoimmune disorders?

Patient Name: _____

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such condition with us.

PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your
work, take care of things at home, or get along with other people?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult

Patient Name: _____ Date: _____

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

	1	2	3	4		1	2	3	4
1 Anxious mood					8 Somatic (sensory)				
Worries, anticipation of the worst, fearful anticipation, irritability.					Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.				
	1	2	3	4		1	2	3	4
2 Tension					9 Cardiovascular symptoms				
Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.					Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.				
	1	2	3	4		1	2	3	4
3 Fears					10 Respiratory symptoms				
Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.					Pressure or constriction in chest, choking feelings, sighing, dyspnea.				
	1	2	3	4		1	2	3	4
4 Insomnia					11 Gastrointestinal symptoms				
Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.					Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.				
	1	2	3	4		1	2	3	4
5 Intellectual					12 Genitourinary symptoms				
Difficulty in concentration, poor memory.					Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.				
	1	2	3	4		1	2	3	4
6 Depressed mood					13 Autonomic symptoms				
Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.					Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.				
	1	2	3	4		1	2	3	4
7 Somatic (muscular)					14 Behavior at interview				
Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.					Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.				

Administration time 10–15 minutes

Main purpose To assess the severity of symptoms of anxiety

Population Adults, adolescents and children

Commentary

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of inter-rater reliability for the scale appear to be acceptable.

Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

Versions

The scale has been translated into: Cantonese for China, French and Spanish. An IVR version of the scale is available from Healthcare Technology Systems.

Additional references

Maier W, Buller R, Philipp M, Heuser I. The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. *J Affect Disord* 1988;14(1):61–8.

Borkovec T and Costello E. Efficacy of applied relaxation and cognitive behavioral therapy in the treatment of generalized anxiety disorder. *J Clin Consult Psychol* 1993; 61(4):611–19

Address for correspondence

The HAM-A is in the public domain.