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[www.koolkidzpt.com](http://www.koolkidzpt.com)

## CHART REVIEW

Date \_\_\_\_\_ KOOL KID \_\_\_\_\_

In order to establish a chart for your child's therapy, we are in need of documentation. Please help us to secure these documents for accuracy in treatment planning, record keeping and billing on your behalf.

\_\_\_\_\_ Prescription from your child's primary care physician. The initial copy may be faxed, but the original copy should be mailed or given to Kool Kidz to be kept on file. Documents should specify number of PT/OT visits recommended each week and should list any precautions. If your child has surgery or any other serious illness while under the treatment of a Kool Kidz therapist, the treating physician must write a resumption prescription for physical/occupational therapy to begin again, listing any precautions.

\_\_\_\_\_ Current Physical/Occupational Therapy Evaluation. We must have a physical/occupational therapy evaluation on file that is no more than one year old. If your Kool Kidz therapist performed your evaluation, then it will automatically be placed on file. If your PT/OT evaluation was performed outside of Kool Kidz, please provide us with a copy of your child's chart.

\_\_\_\_\_ History Form (supplied by Kool Kidz)

\_\_\_\_\_ Consent Authorization to Release Information, Guarantee of Account Form (supplied by Kool Kidz)

\_\_\_\_\_ Insurance Information. Please copy front and back of primary and secondary insurance cards.  
**\*\* (Kool Kidz does not apply for prior approval from your insurance company, please check with you insurance company prior to starting any therapy.)**

\_\_\_\_\_ Medicaid Information. If your child receives Medicaid benefits we need a copy the plastic eligibility card. It can be faxed to the office (it may need to be enlarged for legibility) at (678)503-8912.

\_\_\_\_\_ Current IFSP (children 0 to 3 only). IFSP must reflect Kool Kidz as provider of PT/OT services and accurate number of PT/OT visits per week and length of session.

\_\_\_\_\_ Other \_\_\_\_\_

Thank you for your assistance. Please let us know if you have any questions or concern regarding your child's physical therapy treatment(s).

