

Waitlist Information Form

Client/child first name:	
Client/child last name:	
Date of birth:	
Gender:	
Caregiver name:	
Relationship to client:	
Email:	
Phone:	
Address:	
City:	
Province:	
Postal Code:	

OT Services can look a bit different depending on what you need. They might look like:		
Direct therapy	Caregiver Consults	Assessment
<ul style="list-style-type: none"> Includes more direct time with the child or youth Typically is in your home or in the community Typically longer duration sessions (45 min-90 min) Typically higher frequency sessions (weekly, every two weeks, or monthly) and may be regularly scheduled or a set number of sessions In-depth assessments (e.g. fine motor, gross motor, sensory) are considered direct therapy and typically have a set number of sessions 	<ul style="list-style-type: none"> Includes more time collaborating with caregivers Typically is online or over the phone May be a shorter duration session (30-60 minutes) Typically less frequent sessions (you may only require 1 or 2 total, or they may be every few months) 	<p>An in-depth assessment targets a specific area (e.g. fine motor, gross motor, sensory)</p> <ul style="list-style-type: none"> Typically in person Includes a set number of sessions to complete the assessment Often include formal or standardized assessment measures Includes a written report that outlines findings and recommendations Often has a follow up visit to go over the results of the report
<p>I am interested in:</p> <p><input type="checkbox"/> Direct services <input type="checkbox"/> Caregiver consults <input type="checkbox"/> Assessment <input type="checkbox"/> Other</p>		

What you're hoping to get out of OT services:

Please briefly describe what you're hoping to get out of OT services and (if you'd like) how you found me

Strengths and interests:

Please briefly describe the strengths and interests of the child or youth

Scheduling:

Scheduling can be tricky! Here are some things to keep in mind Ask for what would work best for your family and if I am able to accommodate it, it will After-school slots tend to be very sought after as many of the families I see have school-aged children and I tend to have more flexibility for daytime slots I tend to have specific days I go to each area of the city, this allows me to see more families

I understand that people's schedules and availability changes and often is easiest to sort out over the phone! Don't worry about telling me every detail, this is just for me to get a general sense of what you're looking for

I am looking for

☐ A day time option ☐ An after school option

Any other notes regarding scheduling

Funding:

Please indicate if you know what funding source you intend to use for OT services

☐ AFU (Autism Funding)

☐ AHP (At Home Program Funding)

☐ Funding through online schools or homeschooling programs

☐ Insurance- as a note I do not direct bill to insurance

☐ Paying out of pocket

☐ I don't know

☐ Other

Consent:

I understand that this is this information provided was for a waitlist only and does not mean that OT services will start immediately. Waitlist length varies.

I agree to be contacted when a therapist is available to provide services.

Email to ot@nicolaschaan.ca