**Power Play 2023 Pediatric CIMT Summer Camp Registration Form**

Led by our pediatric occupational therapists, Power Play is a multi-week program that focuses on improving upper extremity function in children who have spastic hemiplegia or hemiparesis as a result of cerebral palsy, traumatic brain injury, stroke or other diagnoses. This program utilizes principles from a modified Constraint Induced Movement Therapy (mCIMT) protocol, in which a removable cast restrains the unaffected arm and the affected arm is used for all functional activities.

Camp activities include games, art projects, outings, sensory play activities, bimanual activities and self-care. Children will be evaluated at the beginning and end of camp to progress in strength, flexibility and use of the affected arm can be measured.

**Criteria:**

Participants must be:

* Ambulatory-able to walk and move around independently
* Able to grasp and release an object with their affected hand
* Toilet trained and able to use the bathroom independently
* Between 3-10 years old

**A physician referral/prescription is required to participate in the camp. Participants must have an insurance policy that will cover group therapy.**

Please contact your insurance company to inquire if your child’s benefits cover “group therapy” code: 97150. For more information on insurances we currently accept, please see our website: <https://www.sralab.org/contact/insurance>. Here you will also find the numbers to contact for patient financial services and our managed care teams. Parents are required for knowing insurance limitations with therapy coverage.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I have checked my insurance and it does cover group therapy code 97150 |[ ] [ ]
| I have NOT used any other therapy benefits elsewhere |[ ] [ ]
| If checked yes to the previous question, please use this line to enter how many visits have been used elsewhere. Family is responsible for knowing their max visits.  |[ ] [ ]
| I understand that I am liable for any additional charges that my insurance does not cover |[ ] [ ]

Click or tap here to enter text. Click or tap here to enter text.

Patient Full Name Patient DOB

Click or tap here to enter text. Click or tap here to enter text.

Printed Parent Name Parent/Legal Guardian Signature

**Power Play 2023 Pediatric CIMT Summer Camp**

**PLEASE EMAIL COMPLETED FORMS (2 PAGES) TO** **PEDSCAMPS@SRALAB.ORG** **OR FAX to 312-238-1239**

Patient Name: Click or tap here to enter text. Patient Birth Date:Click or tap here to enter text.

Address: Click or tap here to enter text. Caregiver Name: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Caregiver Email: Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Doctor/Pediatrician: Click or tap here to enter text.

Ordering Physician (for camp): Click or tap here to enter text.

Emergency Contact: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Information Insured/Responsible Party**: Click or tap here to enter text.

Relation to Patient: Click or tap here to enter text.

Birth Date: Click or tap here to enter text.

Address (if different from patient): Click or tap here to enter text.

**Primary Insurance:** Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text.ID Number: Click or tap here to enter text.

**Secondary Insurance:** Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Group Number: Click or tap here to enter text.ID Number: Click or tap here to enter text.

**Additional Information:**

Is your child currently receiving occupational therapy (OT) [ ] YES OR [ ] NO

Can you attend dates of camp July 10-July 28 [ ] YES OR [ ] NO

Are you interested in the AM session 8:30-11:30AM (Age 4-6) [ ] YES OR [ ] NO

Are you interested in the PM session 1:00-4:00 PM (Age 7-10) [ ] YES OR [ ] NO

Please list patient’s interests and hobbies: Click or tap here to enter text.