

**INTAKE FORMS OVERVIEW**

Our clinics have received approval to bill insurance for therapy services. As a result, patients and their families and/or support teams will notice changes in our processes as we make adjustments to ensure we are in compliance with various new regulations. Below is an outline of the new intake forms that have replaced all previous clinic forms. PDF fillable versions of these forms can be found on our website <http://tn.gov/didd/seating/referrals>. To avoid appointment delays due to paperwork requirements, we recommend using these fillable forms and saving them in the patient’s electronic file for ease of future editing.

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| **INTAKE PACKET – CLINIC APPOINTMENT** | |
| A clinic appointment is needed any time a patient needs to be seen by our Physical or Occupational Therapists (e.g., initial evaluation, evaluation for new equipment, assessment of positioning within current equipment, addressing pressure/wound concerns, modifications for function, etc.). The documents below need to be fully completed and returned to us in order for us to schedule a clinic appointment. Once these forms are received, they are valid for one year but we do ask to be notified of any changes.  While the forms are valid, the patient’s team can call or email to request clinic appointments and do not need to provide any other forms. Once the paperwork expires, a new Intake Packet will need to be provided with updated information. | |
| **□** | **Intake and Medical History** |
|  | |  |  | | --- | --- | | Who Completes: | Anyone who can complete the form accurately and completely | | Notes: | Should be filled out as needed, no more than once/year (please notify staff of changes) | |
| **□** | **Physician Referral** |
|  | |  |  | | --- | --- | | Who Completes: | Physician or other qualified non-physician practitioner within a physician’s office (e.g., physician assistant, nurse practitioner, etc.) | | Notes: | It is important that ICD-10 codes are provided by the physician or non-physician practitioner, as we cannot start the clinic process without them | |
| **□** | **Consent** |
|  | |  |  | | --- | --- | | Who Completes: | Client or legal guardian/conservator as applicable | |
| **□** | **Copies of Insurance Cards (Front and Back)** |
|  | |  |  | | --- | --- | | Notes: | These need to be legible and supplied prior to the appointment with the Intake Packet | |

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| **REPAIR REQUEST – SHOP APPOINTMENT** | |
| A shop appointment is needed any time a patient needs repairs or non-positioning modifications to equipment our shop has fabricated (e.g., re-covering of custom molded wheelchair seat/back, re-attaching lap tray straps, replacement of CIS pillows, etc.). The below document needs to be fully completed and returned to us each time a shop appointment is needed. No other documents are required. | |
| **□** | **Repair Request** |
|  | |  |  | | --- | --- | | Who Completes: | Anyone who can complete the form accurately and completely | | Notes: | Please provide specific details of what repairs are needed | |

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| **VENDOR REPAIRS – HOME SERVICE REQUEST** |
| If there is a repair that is needed to a commercial piece of equipment (e.g., such as a wheelchair frame, hardware, or wheels, stainless steel shower chair, etc.) the durable medical equipment (DME) vendor that provided the equipment or one that accepts the patient’s insurance, should be called for a service request. The vendor will order the necessary parts and/or come to the patient’s home to make repairs. |

Please contact us if additional clarification or assistance is needed and we will be happy to offer our guidance.

Thank you,

DIDD Seating & Positioning Team