

HPOT Start of Term Form

Client Name: _____

Guarantor: _____

Term (check one):

Winter Spring Summer Fall

Please read and initial statements below:

I confirm that URS has my most current insurance information on file. _____

**If no, please check the box below and complete the reverse side of this form.*

I have new insurance info and will complete the **Insurance Update form**.

I understand that I am not guaranteed the same time slot every term and will complete the schedule preference chart below. _____

I have reviewed the current treatment plan and goals with my therapist and have a good understanding of what to expect moving forward. _____

Alternate times available/Schedule preferences:

Please complete the chart below with your availability to help with scheduling for the upcoming hippotherapy term.

	Tuesday	Wednesday	Thursday	Friday*	Saturday
10am - 12noon					
1pm – 4pm					
4pm – 7pm					
Other:					

*City Ranch/Merkel Farm Only.

Thank you for taking the time to complete this form! This will assist us greatly in providing the best services possible for you and other URS clients.

Update for Insurance & Communication Form

Client Name: _____ Client Date of Birth: _____

Guarantor(s): _____

Phone Numbers: Home: _____ Cell: _____ Office: _____

Address: _____

Complete NEW insurance information below to update our records:

Insurance Company: _____ Insurance Phone: _____

Policy Holder's Name: _____ Relationship to Client: _____

Policy Number: _____ Group: _____ Policy Holder's DOB: _____

Communication Authorization: I authorize Unbridled Rehabilitation Services to communicate with me regarding to my child's appointments, plan of care, & financial matters in the following form(s):

Email	<input type="checkbox"/> YES <input type="checkbox"/> NO	Email address:
Text	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mobile #:
Phone	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mail	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Note: Not all text and email systems are 100% secure

Required Action: NEW PRESCRIPTION AND COPY OF NEW INS CARD IS NEEDED

Parent/Guardian Signature _____ Date: _____