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Dear Parent/Guardian:

Next Step Pediatric Therapy, LLC works to provide an exceptional service and experience to all of our patients. We strive to provide a collaborative approach with all professionals involved in your child's care. With your consent, we would be happy to provide copies of evaluations, reevaluations and progress notes to any professional involved in your child's care, in addition to speaking to them directly via phone or email. If you would like us to provide this information and collaboration, please fill out this form and indicated your preference.

_____ I hereby give consent to Next Step Pediatric Therapy, LLC to send the information outlined above to, as well as have direct contact with, the doctors/therapists/school professionals listed below.

_____ I do not give consent.

Signature of Parent/Guardian: _____
Printed Name: _____ Date: _____

Pediatrician: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

School Professional: _____ Title: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Specialist: _____ Type: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Specialist: _____ Type: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Other Professional: _____ Type: _____
Address: _____
Phone: _____ Fax: _____
Email: _____



In addition to providing hands on Physical Therapy services, as well as preparing and providing evaluation/reevaluation/screening/progress reports, the Physical Therapists of Next Step Pediatric Therapy may request to photograph and/or videotape all or part of your child's PT session for therapeutic purposes only. Any image of your child will remain confidential and will not be shared or used for any purpose other than therapist review and observation. We will not share the images of your child with any other professionals with whom they work without your consent.

_____ I hereby give consent to Next Step Pediatric Therapy, LLC to photograph and/or videotape my child as part of their Physical Therapy session under the guidelines set forth above.

_____ I do not give consent.

_____ I hereby give consent to Next Step Pediatric Therapy, LLC to share the images recorded during my child's PT session with the other professionals with whom my child works, as listed on page 1 of this form.

_____ I do not give consent.

Name of Child _____

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____