



Autism Clinic

SPEECH THERAPY & TRAINING CENTER

JOIN • PLAY • GROW

2552 E. Kenosha St.
Broken Arrow, Ok 74014
918-893-3735 Fax 918-893-3745
Stephanie Barton M.Ed. CCC-SLP
Lori Frederick, Executive Director

Dear Parent:

Having a child who does not feed well is a worrisome, frustrating, confusing and at times, medically concerning problem. At The Griffin Promise Autism Clinic, we understand how complex feeding difficulties can be. Because of these complexities, we believe it is important to look at the “whole” child and to assess all the possible contributing factors in a feeding problem through the use of a Multidisciplinary Evaluation Team. This will use the following members as necessary to make up your child’s team; a Developmental Pediatrician, a Dietitian, a Pediatric/Behavioral Psychologist, an Occupational Therapist and a Speech Pathologist. Our Lead Speech Pathologist will be in charge of your child’s feeding therapy plan. We are all committed to helping you and your child identify what is interfering with your child’s eating and how to improve their growth and interactions with food.

In order to best help prepare for your child’s evaluation, we would like you to carefully read over the following information and complete the forms listed below. Please make sure that you have download and complete EACH of these forms and return them to us by email, fax or mail as soon as possible.

1. **Family and Medical History Form,**
2. **Feeding History Form,**
3. **3 Day Diet History,**
4. **Sensory History,**
5. **Release(s) of Information,**
6. **Patient Rights/Consent to Treat Form,**
7. **HIPAA Policy,**
8. **Billing/ Payment Policy.**

Please complete the forms in as much detail and as readable as possible. Many items on the forms can be simply answered by checking YES or NO in the appropriate space. If you give a YES response, please explain this answer thoroughly in the space provided or on the back of the page. If you can not, or wish to not answer a question, leave it blank. If a question does not apply to your child, you may write in NA for “not applicable”.

Please return your completed forms to us no later than 1 WEEK in advance of your scheduled appointment date. If you are not able to fax or email your paperwork, please avoid mailing them later than the one week deadline, please just bring the forms with you to the appointment so that they are not caught up in the mail system. **IF YOU ARE BRINGING YOUR FORMS WITH YOU TO YOUR APPOINTMENT, YOU NEED TO ARRIVE AT LEAST 30 MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT TIME** so our staff can review the paperwork.

Our mailing address is: The Griffin Promise Autism Clinic
2552 E. Kenosha St. Broken Arrow, Ok 74014

THE FEEDING APPOINTMENT:

On the day of your appointment, the therapist will be observing your child, and yourself having a snack together. The therapist may observe from a video camera so as to not disturb your child with someone new to their feeding process.

The full Feeding evaluation is made up of 3 parts:

1. Face-to-Face feeding assessment of your child– Parents and child
2. Report write up & plan development
3. Parent “Interpretive” session to review report and recommendations

Face-to-Face Feeding Assessment with you and your child:

For the feeding evaluation portion, we would like you **to bring at least 2-3 foods of different textures and 1 drink that your child will most likely eat, and at least 1-2 food(s) your child will most likely refuse.** We want to be able to evaluate your child’s current skill level with foods that they do well with, as well as determining how they handle more challenging foods.

Please also **pack your child’s preferred utensils, cup, bottles and dishes** to make the assessment situation as “home-like” as possible. We find it helpful to explain to older children that you are packing a “picnic” to eat together at “our new friends place”, and that it’s this friend’s job to help children and families learn to eat better together.

We would also ask that you give your child only a light breakfast on the day of their appointment and that you **NOT feed them for at least 1 ½ hours before** their scheduled appointment time.

Parent Interpretive Session:

This portion of the assessment is to review all of the findings and treatment recommendations with you. In addition, you will have time to ask our therapist any questions that you may have not yet been able to get answered. A final copy of the report will be sent to you and your child’s physician.

REQUEST FOR MEDICAL RECORDS:

Enclosed you will find a form for requesting medical records and giving us permission to communicate with other professionals also treating your child. Please make as many copies of this form as needed, and submit one to each of the other professionals caring for your child. At a minimum, please complete the form and submit it to your child’s primary care physician. It is most helpful to us if your child’s doctor can at least send us a copy of the growth chart before the day of their appointment. If your doctor or any other therapist would like to attend the evaluation, and/or if they would like to speak to our therapist prior to the appointment, please have them call our clinic at (918)893-3735. We gladly welcome any and all forms of communication with the other professionals treating your child, so as to be most helpful to everyone involved.

PAYMENT and INSURANCE:

The Griffin Promise Autism Clinic requires that the Evaluation be paid for, in full, at the time of your assessment appointment. The fee can be billed to your insurance provided. Please discuss all billing options prior to your appointment with our director.

We currently accept cash, checks, and credit/debit cards. If you have any questions regarding insurance or payment, please feel free to call our clinic at 918-893-3735

On the day of your appointment, please bring your insurance card for us to copy so that we can properly submit the claim for you.