



## ADMISSION CRITERIA

### DIAGNOSIS:

- Any Developmental Disability or Autism Spectrum Disorder (dependent on insurance plans)

### MEDICAL STATUS:

- Information about medical status will be obtained from the patient and/or physician;
- Patients must be medically stable to be able to attend and participate in a safe and effective manner;
- Information about past and current prescription medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Clinical Supervisor of any changes or updates in medication;
- Information about past and current over the counter medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Program supervisor of any changes or updates in medication;
- o If there are concerns about the patient's medical stability for safe and effective treatment, a letter from the patient's physician will be required stating that the patient is able to attend and fully participate in treatment;
- Proof of current immunization is required.

### PARENT/FAMILY INVOLVEMENT:

- Patients admitted to Pediatric Therapy Studio must have active involvement by their parents, families, or caregivers in order to maximize the benefits of the program, to prepare for discharge, and to carry out any home program given during and/or after the active phase of treatment;
- Families may be required to observe/participate in treatment in order to establish home programming;

### FINANCIAL ARRANGEMENTS:

- Patients will consent for appropriate arrangements for payment before being admitted to treatment.

### CONSENTS:

- Prior to starting treatment, patients must provide the following:
  - Consent to treat and release information;
  - Information about the patient's current medical status, including the name of the patient's primary care physician;
  - Authorization for medical treatment;
  - Arrangements for payment of services including any third-party reimbursement and any self-pay arrangements.

8221 Old Courthouse Road  
Suite 105  
Vienna VA 22182

TEL: (703) 663-4808  
FAX: (844) 764-4499  
EMAIL: [info@pediatrictherapystudio.com](mailto:info@pediatrictherapystudio.com)

[www.pediatrictherapystudio.com](http://www.pediatrictherapystudio.com)