

**ORIENTATION CHECKLIST**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Evaluation Forms turned within 72 hours Date of Hire\_\_\_\_\_

Testing Material (DPIYC, HELP) HPSO: 1-800-982-9491

Plan of Cares

Monthly Progress Notes (Due by the 5<sup>th</sup> of each month)

Weekly Billing Sheet (fax to office by Friday at 5:00pm)

Business cards

Administrative Cellular phone numbers:

Lisa Galvez 786-251-7788, Heather Roberts 786-251-7786, Brenda Kent 305-798-9126

Schedule

- ° New Patients
- ° Make up policy
- ° Copies of evaluations for existing patients.

New Patient Procedure-Scheduling, Time frame for reports, advising parent of procedure.

Enrollment forms (first therapist is responsible for giving to parent and to witness auth page)

Employee Contract . Employee Manual Signature page . Medicaid

Collect paperwork/certifications etc. . Direct Deposit Form. Part C

**Employee Info:**

Email address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

CPR EXPIRATION \_\_\_\_\_ Home Address: \_\_\_\_\_

S.S. # \_\_\_\_\_ DOB: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Rehab Signature \_\_\_\_\_ Date: \_\_\_\_\_