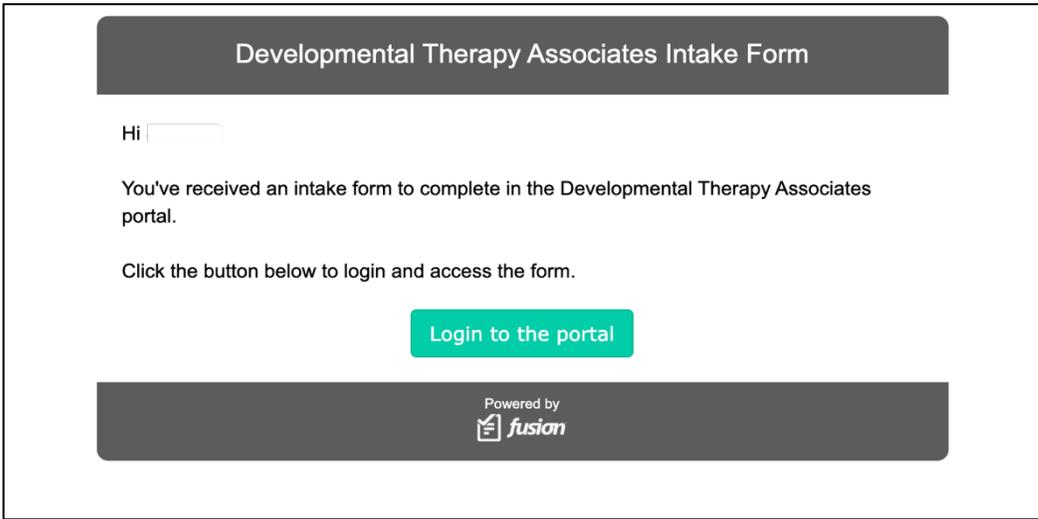


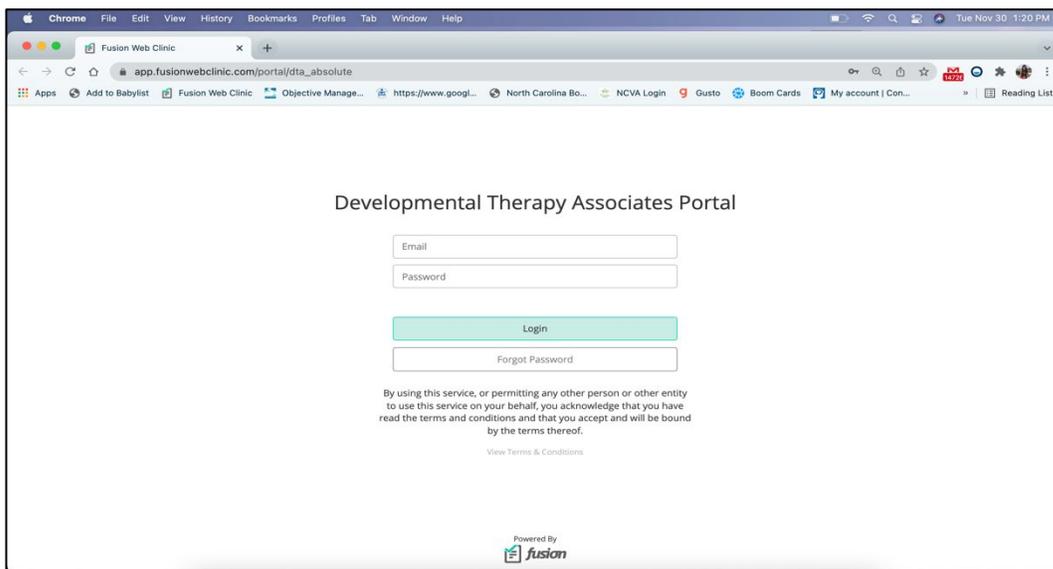
Guide for Completing Intake Forms

****Please use the Google Chrome directions below to download and complete all forms.****



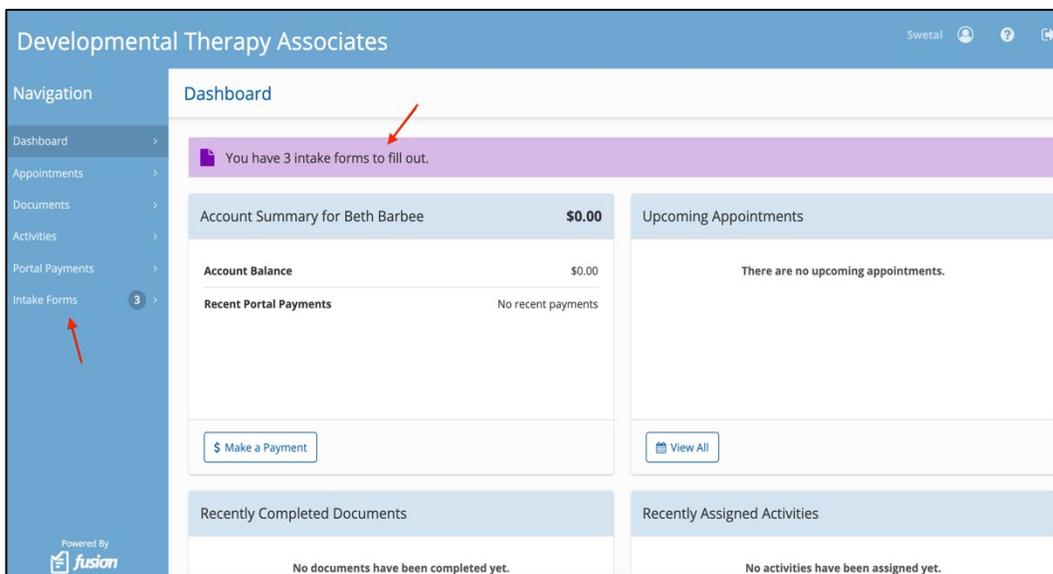
You will receive an email with this message.

Click the green button "Login to the portal"



You will be brought to the login screen.

Enter your email and password and click "login"



Click on the purple strip to take you the forms needed to be filled out.

You can also click "Intake Forms" on menu to the left.

See red arrows

Developmental Therapy Associates

Navigation

Intake Forms

We look forward to meeting Beth for their OT Evaluation on Wednesday, November 24th at 9:00 am. Following the OT evaluation, Therapy sessions will be on Thursday at 4:00 pm. Our Durham Office is located at 3624 Shannon Road, Suite 104, Durham, NC 27707. Our phone number is 919-493-7002.

Below, please find link(s) to our intake paperwork for your child's evaluation. You will need to:

1. Download the form(s) and save them to your desktop.
2. Some questions will show a filled in response, please click on box to choose correct response.
3. Once you fill in the forms, save your changes.
4. In fusion click upload and choose the saved form to send back to us.

Do this for each form. Please submit back to us by November 17th. This will allow time for the therapist to plan and prepare for the evaluation. Should we not receive the paperwork in time we will have to reschedule the evaluation. Please do not hesitate to contact us with any questions.

Form	Patient	Requested	
Consent for Treatment	Beth Barbee	11/23/2021	Print / Download Upload Form
Dyslexia Questionnaire	Beth Barbee	11/23/2021	Print / Download Upload Form
OT Intake for Infant-Toddler (0 - 3)	Beth Barbee	11/23/2021	Print / Download Upload Form

Click "Print/Download" to download the form (see red arrow)

Print Document

1 of 1 Automatic Zoom

CONSENT FOR TREATMENT

Date form completed:

Child's name: Child's date of birth:

I, (Client's name or parent/legal guardian)

give my consent for Developmental Therapy Associates, Inc. (DTA) to provide the services indicated below:

Consultation

Download Print Upload Form

Click "Download" at the bottom right indicated by the red arrows.

Fusion Web Clinic

OT intake for Infant/Toddler 0 - 3 Portal: Developmental Therap...

app.fusionwebclinic.com/portal/dta_absolute

Print Document

1 of 1 Automatic Zoom

Date form completed:

Child's name: Child's date of birth:

I, (Client's name or parent/legal guardian)

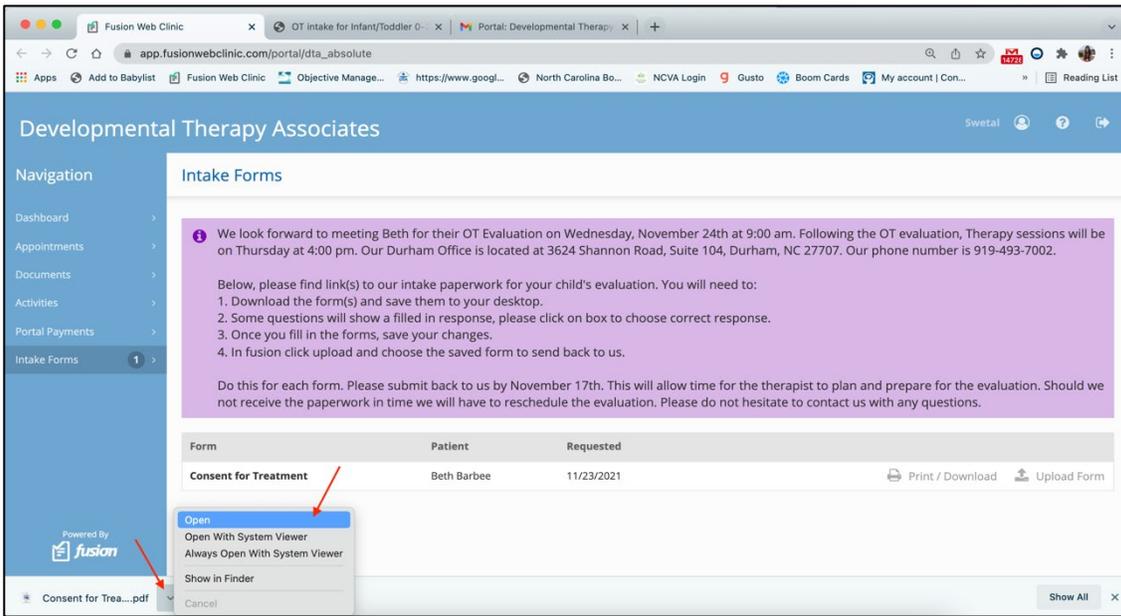
give my consent for Developmental Therapy Associates, Inc. (DTA) to provide the services indicated below:

Consultation
Evaluation
Treatment

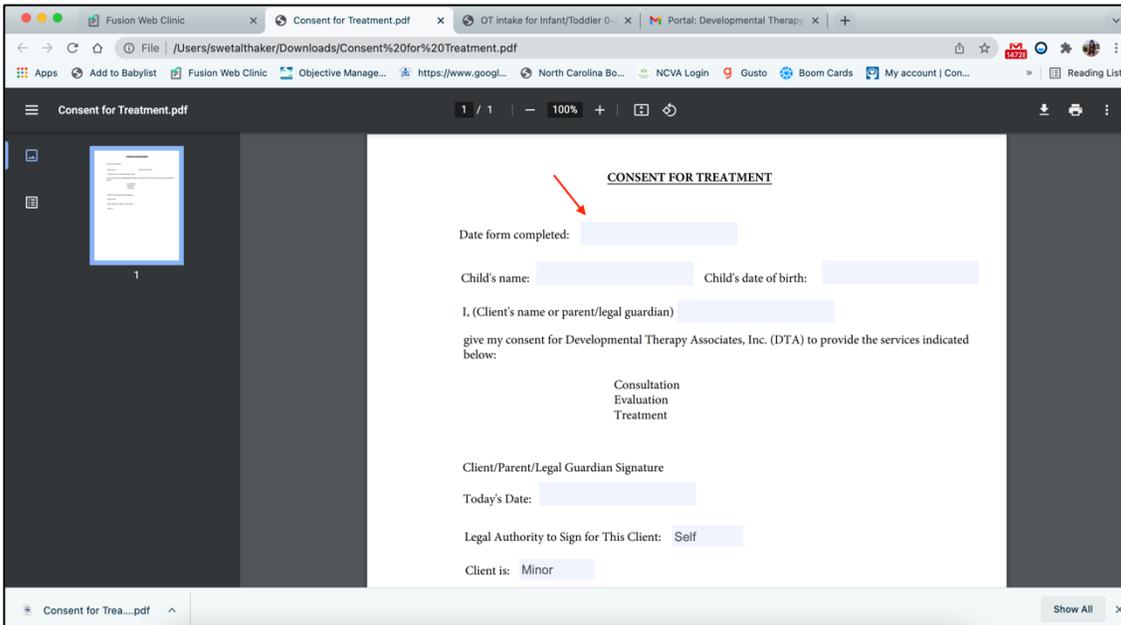
Download Print Upload Form

Consent for Trea....pdf

You will see the form downloaded on the bottom bar (red arrow).

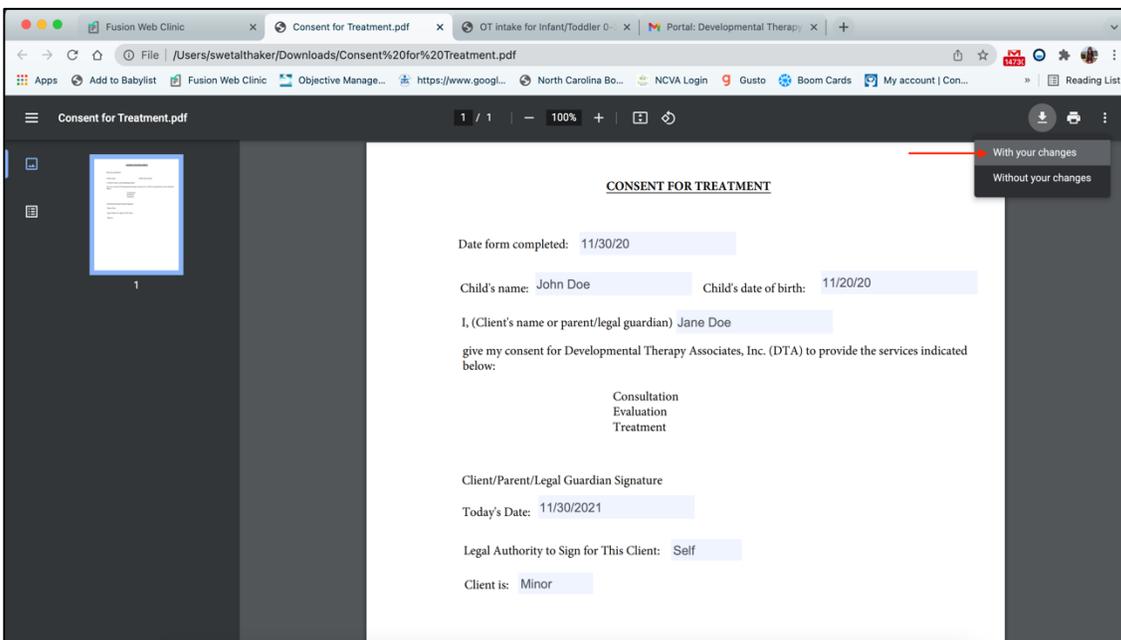


Click on the up arrow and click "Open" (see red arrows).

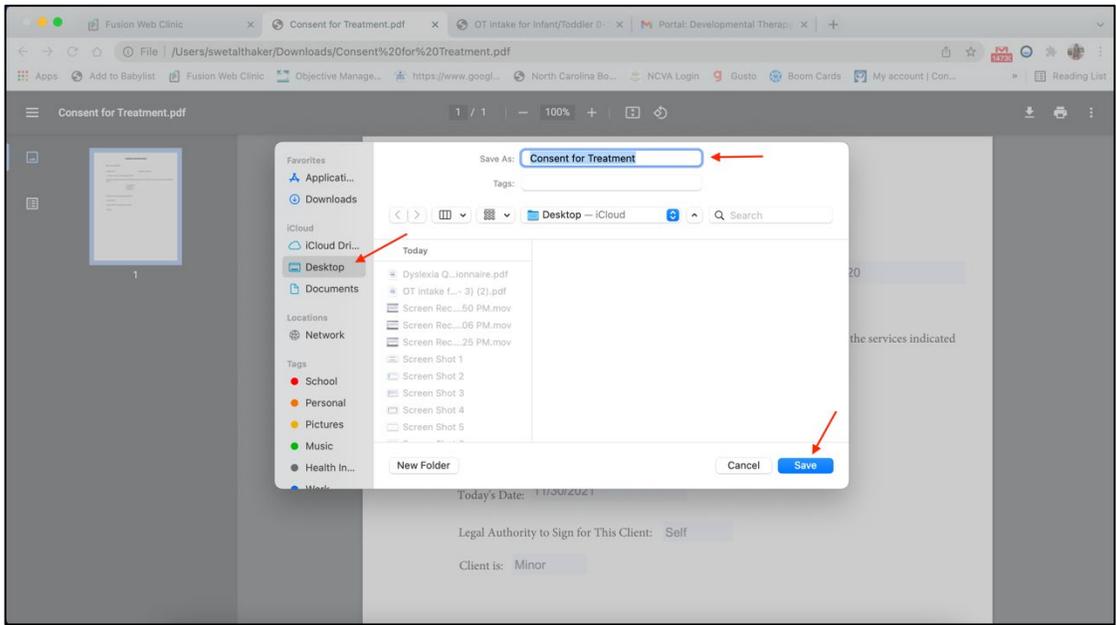


The form will open in a new tab, and you can begin filling it out by clicking in the boxes provided.

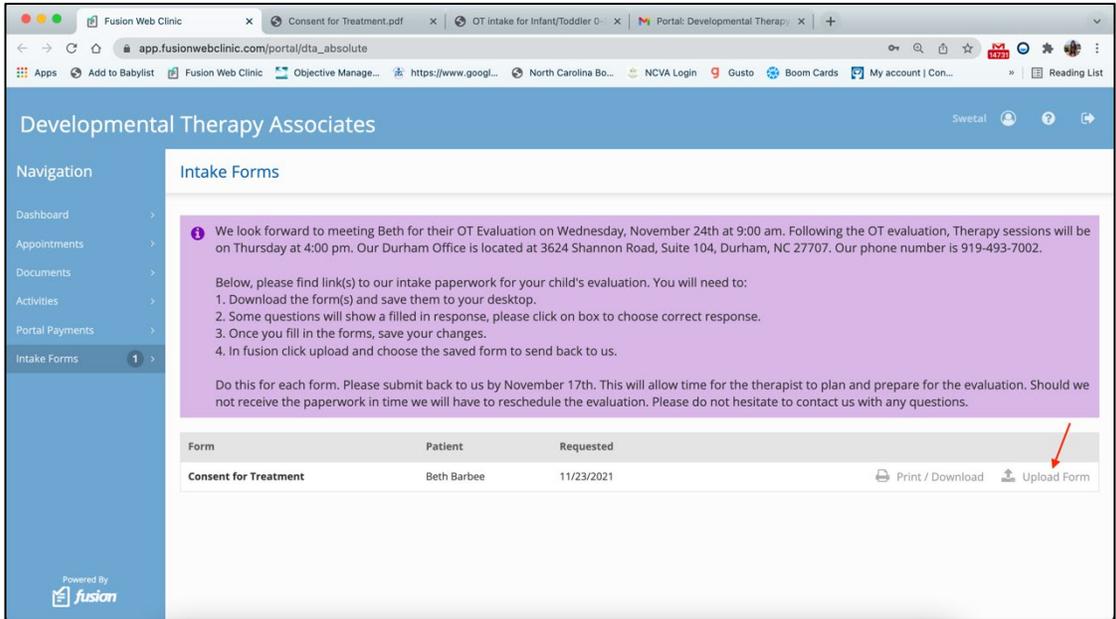
Please fill out ALL sections.



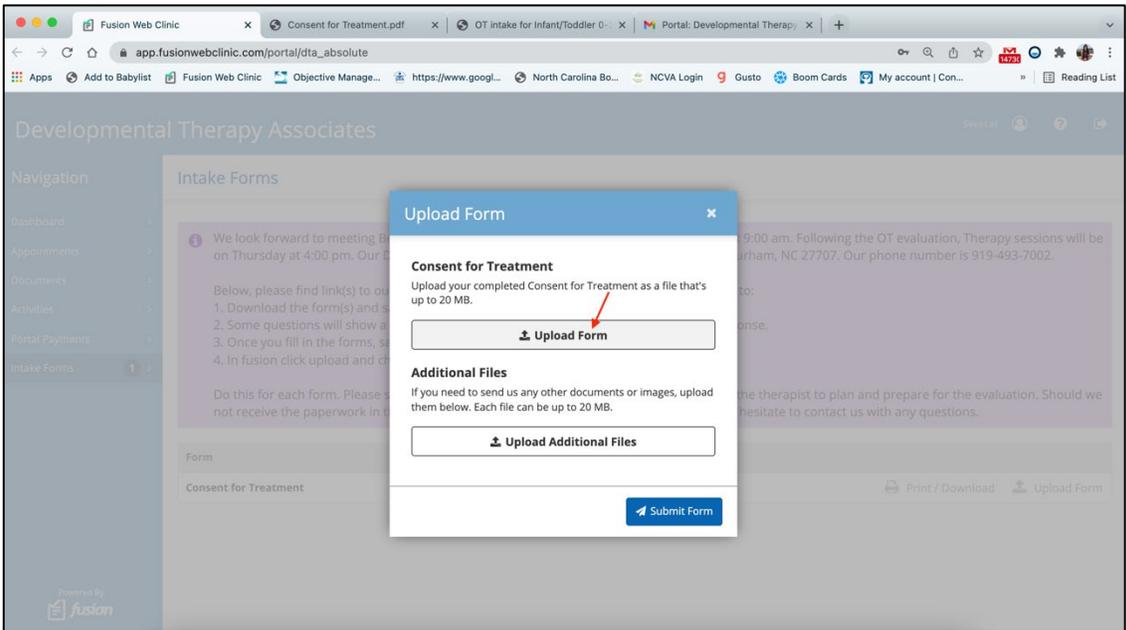
Once you complete the form, click the down arrow at the top right (see red arrow) to download the form "with your changes" (see red arrow)



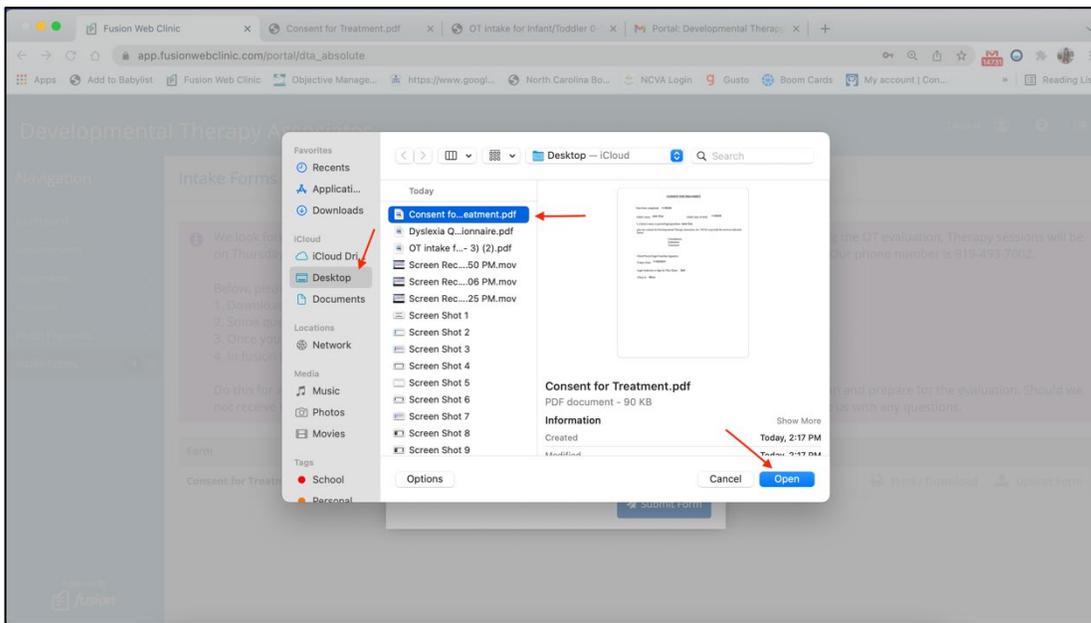
Select "desktop" and click "save." Your completed form is now saved on your desktop.



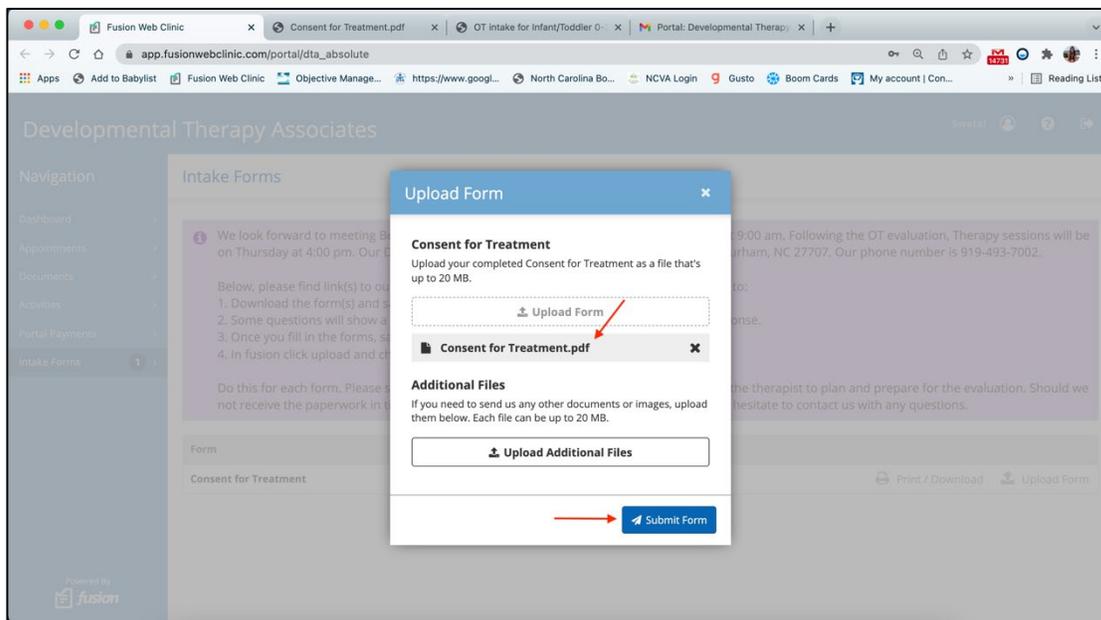
Go back to the Fusion Portal and click "Upload Form" (see red arrow)



Click "Upload form"

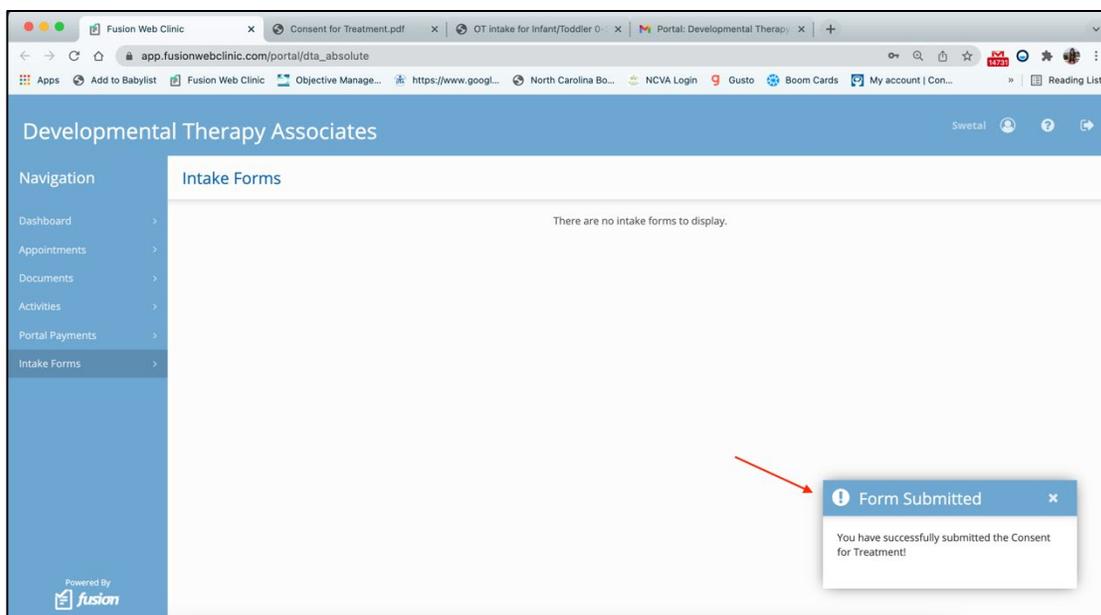


Click “desktop.” Find and click on the name of the form you wish to upload. Then click “Open” (See red arrows)



You can see that the form has been uploaded (see red arrow).

Click “Submit Form” at the bottom right.



You will see a message indicating your form has been submitted.

Thank you! 😊