

**KATIE BECKETT WAIVER FORM QUESTIONNAIRE**      **Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**Parent Contact Name:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

Please provide the following information so that we may efficiently complete a Katie-Beckett waiver form for your child.

A. Diagnoses: Please list here all diagnoses for which the child has had medical or surgical treatment in the past and/or is currently receiving treatment.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

B. Is your child on oxygen?     Yes     No

C. Is your child age 4 or above and incontinent? Bowel  yes  no    Bladder  yes  no

D. Nutritional:

1. Is your child on a special diet/formula?  Yes  No    If yes, please specify. \_\_\_\_\_

2. If your child is on an NG tube/OG tube/G-tube feeding, please specify the following:

- a. Total amount given in a day: \_\_\_\_\_
- b. Amount of time over which this is given. \_\_\_\_\_

E. Medication: Please list all medications the child is currently taking. Please include all over the counter medications and respiratory medications (taken through a nebulizer, inhaler or nasal spray).

Name of Medicine	Strength	Amount given per dose	How many times daily	Route of administration (oral, rectal, etc)

F. Hospitalizations: Please list all hospitalizations. Include both Admission and Discharge date and diagnosis.

Hospital	Admission Date	Discharge Date	Diagnosis

G. Surgeries: Please list all surgical procedures done, including outpatient surgeries. Include exact dates of surgical procedures.

Surgical Procedure	Date	Hospital

H. Therapies: Please list all therapies the child is receiving.

Therapy	Duration per session	How often	Administered By:
Physical Therapy			
Occupational Therapy			
Speech Therapy			

I. Specialty Care Providers: Please list the names of specialty care physicians that your child is under the care of and how often they are seen by these providers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_