



### REQUEST FOR THERAPY

- Speech Therapy Services
- Occupation Therapy Services

How did you hear about Therapy World Pediatric Therapy Services?

- Daycare Center
- Pediatrician
- Early Intervention Agency
- Therapy World Website
- Other \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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- Attached Insurance Card (if card is attached you do not need to complete the following) Insurance Name: \_\_\_\_\_

Insurance ID/ Medicaid ID Number: \_\_\_\_\_

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Pediatrician: \_\_\_\_\_ Facility Name: \_\_\_\_\_ Facility's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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- I want my child to receive a Speech and/or Occupational therapy EVALUATION.
- I am interested in having my child receive a Speech and/or Occupational therapy SCREENING.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing Therapy World! We provide speech and occupational therapy in English and Spanish. Please complete this form; email or fax it back to our office at:

Fax: (803) 228-0101

[Jamille.Sanchez@mytherapyworld.com](mailto:Jamille.Sanchez@mytherapyworld.com)

If you have any further questions, feel free to call our office at (803) 329-9500.