



### REQUEST FOR THERAPY

- Speech Therapy
- Occupational Therapy
- Physical Therapy

How did you hear about Therapy World Pediatric Therapy Services?

- Daycare Center  Pediatrician  Early Intervention  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 #: \_\_\_\_\_



I want my child to receive a Speech Therapy and/or Occupational Therapy/Physical 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! Please complete this form; fax it back to our office at:  
**Fax: (803) 228-0101 or email it to [Support@mytherapyworld.com](mailto:Support@mytherapyworld.com).** If you have any further questions, feel free to call our office at **(803) 329-9500.**