



Speech and Language Referral and Consultation

If you are concerned about your child's speech and language development, we are offering a free speech and language consultation with a trained and licensed Speech-Language Pathologist. If we report concerns, a referral for home health services may be appropriate.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Daycare: \_\_\_\_\_

Insurance or Medicaid \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Contact Information(phone and address if available): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Concerns you have of your child's speech/language: \_\_\_\_\_

I \_\_\_\_\_ grant permission for a licensed Speech-Language Pathologist to complete a screening for my child. I realize that I will not be charged for the screening. If my child fails the screening, I grant permission for Lonestar Speech **Therapy** to complete a referral and contact my child's physician and insurance company for further information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_