SENSORY KIDS THERAPY SERVICES

5 E CHERRY STREET
NORTH LIBERTY, IA 52317
P (319) 626-2257
F (319) 359-4015

REQUEST FOR OCCUPATIONAL AND SPEECH THERAPY SERVICES

CHILD'S NAME	GENDER	DATE OF BIRTH
	☐ MALE ☐ FEMALE	

CHILD'S PRIMARY CUSTODIAN(S)	RELATIONSHIP TO CHILD
	☐ BIOLOGICAL PARENT ☐ STEP PARENT ☐ FOSTER PARENT ☐ GUARDIAN

ADDRESS

PHONE	EMAIL

HEALTH INSURANCE ☐ BLUECROSS & BLUE SHIELD
☐ PRIVATE PAY

OCCUPATIONAL THERAPY
- ☐ EVALUATION
- ☐ FINE MOTOR / HANDWRITING
- ☐ SENSORY
- ☐ ACTIVITIES OF DAILY LIVING
- ☐ CHALLENGING BEHAVIOR
- ☐ OTHER: _____

SPEECH THERAPY
- ☐ EVALUATION
- ☐ SPEECH / ARTICULATION
- ☐ AUGMENTATIVE COMMUNICATION
- ☐ EXPRESSIVE/RECEPTIVE LANGUAGE
- ☐ SOCIAL SKILLS
- ☐ OTHER: _____

FEEDING THERAPY
- ☐ NEURO DEVELOPMENTAL EVALUATION
- ☐ BIRTH - 36 MONTHS (OT, SPEECH)
- ☐ FEEDING WITH NUTRITION
- ☐ OTHER: _____

DIAGNOSIS
- ☐ AUTISM
- ☐ ADD/ADHD
- ☐ SENSORY PROCESSING
- ☐ DEVELOPMENTAL DELAY
- ☐ OTHER: _____

DIAGNOSIS CODE(S):

REFERRING PROVIDER (PRINT): _____

ADDRESS: _____

PHONE: _____

PHYSICIAN SIGNATURE: _____

NOTES/COMMENTS:

PLEASE RETURN FORM BY FAX TO (319) 359-4015. WE WILL NOT SCHEDULE UNTIL
THE DOCUMENTS HAVE BEEN RECEIVED. IF YOU HAVE QUESTIONS, PLEASE CALL (319) 626-2257.
*WE ARE ONLY IN-NETWORK WITH BLUE CROSS BLUE SHIELD BUT PROVIDE PROMPT-PAY DISCOUNTS FOR PRIVATE-PAY CLIENTS