



Comprehensive Therapy Center

Helping people walk, talk, learn, and play

Referral Form

Comprehensive Therapy Center serves children and adults with mild to severe developmental disabilities or disabilities acquired in childhood who are physically, psychologically, and medically stable enough for outpatient treatment.

Before completing this form, please download as a Microsoft Word (.docx) file or save a copy to your own Google drive.

Client Information

Client: _____ Date of Birth: _____

Diagnosis (ICD-10): _____

Reason for Referral: _____

Caregiver Name(s): _____

Client or Caregiver Contact (Phone): _____

Service(s) Requested:

- Speech-Language
 - AAC Support
 - Feeding (Sensory)
- Myofunctional Therapy
- Occupational Therapy
 - Sensory Therapy
- Dance Movement Therapy
- Physical Therapy
- Therapy & Fun Program (summer)

Other (please specify):

Referral Source Information

Name/Practice Name & Relationship: _____

Phone: _____ Email: _____

Please email this form to the admissions coordinator team at operations@therapycenter.org or fax us at 616-559-1056. If available, please also include:

- diagnosis w/provider signature
- relevant office notes
- demographics sheet

Thank you for your referral!

2505 Ardmore SE Grand Rapids, MI 49506

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www.therapycenter.org

