



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.

Client Information

Client Legal Name: _____
Client's Date of Birth: _____
Diagnosis (ICD-10): _____
Reason for Referral: _____

Caregiver Name(s): _____
Caregiver Phone: _____

Choose All that Apply:

- Speech Language Therapy:** We offer general SLP Services, AAC support, Feeding, and Myofunctional Therapy
- Occupational Therapy:** we offer general OT services and Sensory Therapy
- Social Emotional Support:** We offer Counseling (MSW) and Dance Movement Therapy.

Programs that include SLP and OT services:

- Summer Therapy & Fun or Therapy & Life Skills
- Spring or Winter Staycation

Please specify:

- Eval & Treat
- Evaluation Only
- Treatment Only

Referral Source Information

Referring Provider: _____
Practice Name: _____
Phone: _____ Fax: _____
Email: _____

Please print and fax this form to 616-559-1056 along with:

- Provider Signature
- Date
- Relevant Office Notes
- Demographic Sheets, Social Determinants of Health (if available)

Thank you for your referral!

2505 Ardmore SE Grand Rapids, MI 49506

p: (616) 559-1054 f: (616) 559-1056

www.therapycenter.org

