



# 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 who are physically, psychologically, and medically stable enough for routine outpatient treatment. We offer Speech-Language Therapy (including general SLP, AAC support, feeding and myofunctional therapy), Occupational Therapy (general OT and sensory), and Social Emotional Support/Behavioral Health, through Social Work, Counseling, and Dance Movement Therapy.

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Client's Legal Name*	Preferred Name	Date of Birth*
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Client Diagnosis (ICD-10) and Reason for Referral\*

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Caregiver Name(s)	Caregiver Phone Number(s)*
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**Check all that apply:**

- OT: Occupational Therapy
- SLP: Speech-Language Therapy
  - SLP: Feeding
  - SLP: Orofacial Myofunctional Therapy
- Behavioral Health / Social Emotional Support
- Dance Movement-Therapy

*Programs that include both SLP & OT*

- Summer Therapy & Fun Program
- Winter Break Staycation Program
- Spring Break Staycation Program

Unless otherwise specified, this referral is to evaluate and treat and is valid for one year. Please specify any changes and explain any other special arrangements (severe vision or hearing loss, non-English language, cultural factors, etc.):

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Referring Provider (Printed)	Provider Signature	Date
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Referring Practice	Phone	Fax
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Please print and fax this form with the following, as available:

- Insurance information
- Demographics and Social Determinants of Health, as available
- Care summaries, results of recent office visits, or other clinically relevant data

