



# Comprehensive Therapy Services

Speech Therapy • Occupational Therapy • Physical Therapy

Due to HIPPA regulations, CTS personnel will communicate patient information on voicemail systems or email only if specific written permission from the parent/patient if on file. Otherwise, when calling with specific patient information and/or appointment confirmations, a nonspecific message will be left only asking the patient/parent to return the call. Therefore, please provide correct phone numbers in which you can be reached during the business day.

In addition, it is very important that you indicate the name and phone number of the patient's primary physician whom we should contact to receive prescriptions for therapy, sign treatment plans and review evaluations and progress notes. If at anytime you would like for us to send information to another physician or professional working with the patient, then we must also have this in writing.

If you have any questions regarding policy changes, please do not hesitate to ask one of the office personnel.

Patient Name: \_\_\_\_\_

Sex: Male    Female

Date of Birth: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Work: \_\_\_\_\_

Referring Physician/Pediatrician: \_\_\_\_\_

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

I hereby acknowledge that I have been presented with a copy of the CTS Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date