

Twomey Speech & Language Services

Karen W. Twomey, M.S., CCC-SLP

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Speech-Language Pathologist

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Diagnostic and Speech-Language Therapy Services

New Patient Intake Information and Consent for Services

Date: _____

Client's Name: _____ Age: _____ Date of Birth: _____ Home Phone: _____

Parents/Legal Guardians: _____ Cell Phone: _____ Work Phone: _____

Address: _____ E-Mail: _____

Grade: _____ School: _____

-Allergies: _____

-Medical Conditions: _____

-Medications: _____

-Diagnosis: _____

- Referral Source / Address: _____

-Please list the concerns you see at home / school: _____

-Is your child on an Individual Education Program (IEP)? YES / NO

-Has your child recently had a Speech-Language Evaluation? YES / NO

-Where was the evaluation completed? School / Outside Facility

-Name of Facility: _____ Date of Evaluation: _____

-What tests were used during your child's most recent evaluation?

(This information can be found in the report from the examiner who tested your child.) _____

If your child recently received testing, please send a copy of the evaluation report before the date of your initial appointment.

Name of Health Insurance Company: _____

Subscriber: _____

Subscriber's Insurance I.D. Number: _____

Subscriber's Date of Birth: _____

(Please attach a copy of the front and back of your insurance card.)

Primary Care Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Consent: I give Karen W. Twomey, Speech-Language Pathologist / Twomey Speech & Language Services consent to provide an evaluation and/or therapy services and to use or share my protected health information to obtain payment for my bills or to conduct its healthcare operations and business. I authorize payment from my insurance company be made directly to Karen W. Twomey, SLP for all services rendered. I understand that I am financially responsible for charges not covered by my insurance carrier. I understand that co-payments and out of pocket payments are due at the time services are rendered. I have received Twomey Speech & Language Services Notice of Privacy Practices. Karen W. Twomey, SLP / Twomey Speech & Language Services is hereby released from all legal liabilities.

Parent / Legal Guardian Signature: _____ Date: _____

