

# THErapy SOLUTIONS FOR KIDS

5200 SW Macadam Suite 100 Portland, OR 97239  
11 E 27<sup>th</sup> Eugene, OR 97405

Phone: 503-224-1998 FAX: 503-224-5176  
Phone: 541-255-2681

## Referral Form

- 5200 SW Macadam Suite 100 Portland, OR 97239 503-224-1998 (p) 503-224-5176 (f)  
 11 E 27<sup>th</sup> Eugene, OR 97405 541-255-2681(p)

**Please send all referrals to the Portland Office Attn: Kyle**

*Please make referrals to our clinic and we will schedule with an appropriate therapist.*

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral From: \_\_\_\_\_

Clinic/Dr. Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

- OT Evaluation & Treat  
 PT Evaluation & Treat  
 ST Evaluation & Treat