

# THErapy SOLUTIONS FOR KIDS

5200 SW Macadam Suite 100 Portland, OR 97239

Phone: 503-224-1998 FAX: 503-224-5176

## Referral Form

5200 SW Macadam Suite 100      Portland, OR 97239      503-224-1998 (p) 503-224-5176 (f)

**Please send all faxes to attention Intake Coordinator**

*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