



More Than Words... Therapy Services, LLC
215-A Dunbar Cave Rd | Clarksville, TN 37043
Telephone: 931.542.2739 | Fax: 931.233.9970
Website: www.MoreThanWordsLLC.com
Facebook: MoreThanWordsTherapy

Dear Parents:

Thank you for choosing *More Than Words...Therapy Services* for your child's therapy. We are honored to be able to help your child and family achieve your goals. In order to help all of us develop the best working relationship possible, we would like to begin with clear communication about our business regarding our responsibilities to you, our clinical/business practices, business policies and clinical expectations. In this 1st Therapy Session Packet, you will find the following policies for you to read and sign.

INFORMATION FORMS IN THIS PACKET:

- ✍ Billing Policy
- ✍ Cancellation/No Show/Tardiness Policy
- ✍ Scheduling and Phone Calls Policy

Please note that your first session with your child's therapist is typically 1 hour long. This amount of time allows you to read through the policies and to voice any questions or concerns you may have about the policies to your therapist.

In addition, this time period allows your therapist ample time to evaluate your child and to review your child's evaluation results with you. If the evaluation runs the full hour, the review may be postponed until the following session due to time constraints. Your therapist can answer any questions you may still have about the evaluation. Your therapist may want to review some of the basic teaching that occurred during the evaluation to make sure you are comfortable with the information. Your therapist will want to follow-up with regards to how everyone is doing with the recommendations from the evaluation as well.

The first therapy session is an opportunity for your therapist to get to know you and your child better through beginning your clinical work together. The first goal of this session will be to begin building a trusting relationship between the therapist and your child by teaching a treatment session routine to your child (with explanations given to you as the session progresses). The direct clinical treatment at the first session will necessarily be shorter in duration than during other sessions, due to the extra teaching time needed.

We hope the information in this packet will be informative. Please read all pages thoroughly and sign any forms where appropriate.

Thank You Very Much!



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Patient Registration

Patient information

Patient First and Last Name _____ Female ___ Male ___ Birthdate _____

Parent or Guardian _____

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

What is the best way to contact you for scheduling? ___ Email ___ Phone

If you have a balance due, how would you like to be billed? ___ Email (preferred) ___ Mail

Insurance information

Insured First and Last Name: _____ Insured DOB: _____

Employer _____

Insurance _____ Insurance Phone _____

Insurance Address: _____

Insurance City, State, Zip Code _____

Social Security or Policy Number _____ Group Number _____

Billing Address (if different from above) _____

Medical information

Referring Physician _____ Physician's Phone _____

Physician Address _____

How did you hear about More Than Words...Therapy Services? _____

Signature

Date



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Authorization for Emergency Care

I, _____ authorize More Than Words-Speech & Feeding Therapy, LLC. to call for appropriate emergency medical treatment for _____ if necessary in my absence.

Signature of Parent / Legal Guardian

Date

Child's birthdate: _____

Allergies: _____

Medicine child is allergic to: _____

What medication is the child currently taking? _____

Pertinent medical history that would affect emergency care: _____

Parent Name: _____

Phone Number: (home) _____ (work or cell) _____

Emergency Contact: _____ Relationship to child: _____

Emergency Contact Phone Number: _____