



## GETTING STARTED

In order to facilitate the process of establishing a new client or updating the client's file, we need the following documents:

- **Client Referral Form**
- **A speech and/or occupational therapy Prescription from the child's Pediatrician.** We will send a Prescription request directly to the Pediatrician's office. However, we may need your assistance to expedite the process
- **Most recent Hearing Screening/Test results** (the School DPH Form 3300 is acceptable, as well as an Audiologic Evaluation. If the child is in need of a Hearing screen, you may contact the Audiology department at Children's Healthcare of Atlanta to schedule an appointment)
- The child's complete **Individualized Education Program (IEP) if the child receives special education services at his or her school**
- Additional pertinent information from other service providers (i.e., Psychological evaluation, Neurological evaluation, Autism Evaluation, etc.)
- **Parent's/Caregiver's photo ID and the child's insurance card (both front and back of the card)**

By signing below, I acknowledge that I have read, fully understand and agree to providing the required documents listed above, as applicable.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Date: \_\_\_\_\_