



2620 RW Johnson Blvd SW; Suite 112 • Tumwater WA 98512
Phone: 360-350-2220 • Fax: 855-814-8815

Request for Speech-Language and Occupational Therapy

Child's Name: _____
Parent/Guardian Name(s): _____
Phone: _____ DOB: _____
Insurance: _____ Member # _____
Diagnosis: _____

Referral Type:

Speech-Language Therapy

Evaluate
Concern(s): _____

 Evaluate & Treat
Concern(s): _____

 Other: _____
 Specific Instructions: _____

Occupational Therapy

Evaluate
Concern(s): _____

 Evaluate & Treat
Concern: _____

 Other: _____
 Specific Instructions: _____

This certifies medical necessity:

Physician Signature: _____
Physician Name: _____
Facility Name: _____
Phone: _____ Date _____

Please fax referral to 1-855-814-8815

Thank you!