Texas Children's Referral Form

Texas Children's Speech, Language & Learning
Phone: 832-822-3280 Fax: 832-825-9332

PLEASE COMPLETE FORM AND RETURN WITH SIGNATURE OF REFERRING PHYSICIAN.
SPEECH, LANGUAGE & LEARNING WILL CONTACT THE FAMILY TO MAKE THE APPOINTMENT.

Date of Referral:_____ **Urgent?** Y N

PATIENT INFORMATION (PLEASE PRINT)

Last Name	First Name & MI	Age	Date of Birth	M/F

Street Address	City	State	Zip Code

Translator needed? If Yes, what language?
Yes_____ No_____ / Language: _____

New Patient to TCH?
Yes ☐ No ☐

Parent/Guardian(s) Name

Home Phone	Work Phone	Cell

Referring Physician Name	Address (to send consult note)	Physician Cell

Office Phone	Office Fax	E-mail

Primary Insurance Carrier: _____

Insurance phone number: _____

Is an insurance referral needed for your office? If so, please fax to 832-825-9332

PATIENT'S DIAGNOSIS: _____

Please Check **Reason(s)** for Evaluation:

***For evaluation of Attention Deficit Hyperactivity Disorder (ADHD), contact the Behavioral and Developmental Referral Center at 832-822-1900*

( ) Speech/Language Delay or Disorder
( ) Articulation
( ) Voice/Vocal Cord Dysfunction
( ) Fluency (Stuttering)
( ) Receptive and/or Expressive Language Disorder
( ) Learning disability (English only)
( ) Dyslexia (English only)
( ) Feeding
( ) Augmentative Communication
( ) Other: _____

Signature of Referring Physician: _____