



Communication Cottage Therapy



Phone: 843 252 - 0033

Fax: 843 582 - 0259

Please complete this form and attach a recent prescription for evaluation and treatment. Please fax these documents to 843 582 0259. We will be in contact with you if we are able to accept your referral.

REFERRAL INFORMATION

DATE OF REFERRAL:

REASON FOR REFERRAL:

DIAGNOSIS:

LOCATION OF SERVICE: (HOME, CLINIC, OR TELETHERAPY):

REFERRING AGENCY/CASE COORDINATOR (PHONE AND EMAIL):

DESCRIBE CURRENT LEVEL OF FUNCTION:

INTAKE INFORMATION

CHILD'S NAME:

DATE OF BIRTH:

GENDER:

CHILD'S SS#:

ADDRESS:

PARENT'S/CAREGIVER'S NAMES:

PARENT/CAREGIVER PHONE:

PARENT/CAREGIVER EMAIL:

PAYER SOURCE:

MEDICAID #:

MCO #:

INSURANCE INFORMATION (INCLUDE PICTURES OF CARDS FRONT/BACK)

DOCTOR:

DOCTOR'S PHONE:

DOCTOR'S FAX:

Kristin Weingart, MS CCC-SLP
therapy@communicationcottage.com
SC State License: 6884
NPI #: 1215455134