

CLIENT COMMUNICATION & INFORMATION FORM



LIGHTHOUSE

Lighthouse Therapy Center will be updating our patient profiles for efficiency purposes. Please write any information clearly. If you have any questions please see our front desk. Items marked with "*" MUST be completed. Thank you!

Child's Personal information

Child's Full Name*

Gender Child's Date Of Birth*

Address

City State Zip Code

Child's Insurance Carrier & Plan Name*

Child's Insurance Member ID #*

Child's Primary Care Doctor. (Name, Phone Number, and Fax Number).*

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Child's Guardian Information

Guardian's Full Name*

Guardian's Phone Number*

Guardian's Alternate Phone Number

Guardian's Relationship To Child

Guardian's Email*

Alternate Emergency Contact Information

Full Name

Phone Number

Relationship To Child

Is Your Child Seen For Speech/Language Therapy,
Occupational Therapy, or Both?

Who Is/Are Your Child's Therapist(s)?

Is Your Child Seen In Office Or Elsewhere? If Therapy Does
Not Take Place In Office, Please Document The Location of
Your Child's Therapy Appointments.

Please Document Any Updated Medical/Personal
Information You Would Like Your Child's Therapists or Front
Desk To Keep On File For Them. (Ex- Allergies)

TREATMENT AGREEMENT & CANCELLATION POLICY



LIGHTHOUSE

- I Understand That **Therapy Is an Ongoing Scheduled Service, Which I Will Have To Consistently Commit Time Towards.**
- I Recognize That Failure To Follow Scheduled Routine Visits Can/Will Prevent Proper Therapy To Occur. Failure To Follow Through With Scheduled Visits Will Result In Removal From Lighthouse Therapy's Schedule For Ongoing Services.
- I Understand That Due To Therapy's Clinical Nature, Insurance May Play A Role In Holds Being Placed On My Child's Schedule.

Signature Below*

- I Understand That Lighthouse Therapy Center Has a **24 Hour Cancellation Policy, Which Requires All Clients To Contact Lighthouse Therapy Center Staff One Day In Advance To Cancel All Therapy Appointments.**
- I Understand That **After 3 Missed Appointments Without Proper 24 Hour Notice, I Will Be Removed From Lighthouse Therapy's Schedule And Will No Longer Receive Ongoing Therapy Services.**

Signature Below*