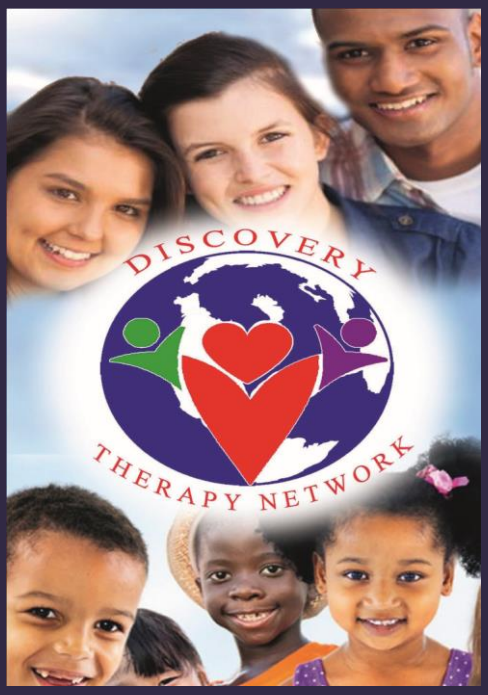

Therapy Service are available in cities throughout Georgia:

- Macon
- Warner Robins
- Atlanta
- Central Georgia

800-292-4120 -phone

800-292-4120 -fax

100 Hartsfield Centre Pkwy
Suite: #500
Atlanta, GA 30354

referrals@discoverytherapy.org

www.discoverytherapy.org

Referral Form: (please fax a physician prescription to 800-292-4120)

Patient Name: _____ DOB: _____
Diagnosis: _____ Onset Date: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Therapy Services Needed (please check therapy services requested below and fax a physician prescription to 800-292-4120):

Speech Therapy_____ Occupational Therapy _____
Evaluation: _____ Treatment: _____ Consult: _____
Areas of Concern for ST (please check below):
_____ Autism
_____ developmental delay
_____ speech/language/communication
_____ oral motor/feeding
_____ developmental delay

Areas of Concern for ST (please check below):
_____ Autism
_____ developmental delay
_____ fine motor (coordination/handwriting/pincer skills)
_____ visual impairments
_____ range of motion/strength/muscle tone
_____ neuromuscular re-education

Insurance Information
Primary Insurance: _____ Member ID#: _____
Group #: _____ Employer: _____
Insured/Parent Name: _____ DOB: _____
Insured Relationship to patient: _____ self _____parent
Place of Employment: _____
Address: (if different from above) _____
City: _____ State: _____ Zip: _____

Secondary Insurance: _____ Member ID#: _____
Group #: _____ Employer: _____
Insurer/Parent Name: _____ DOB: _____
Insured Relationship to patient: _____ self _____parent
Place of Employment: _____
Address: (if different from above) _____
City: _____ State: _____ Zip: _____