



Permission to Screen, Evaluate, and/or Treat

Client's Name: _____ Gender: Male Female
Client's D.O.B _____ Phone#: _____
Cell/Work #: _____ Email: _____
Address: _____

Physician Name: _____
Physician#: _____ Physician Fax# _____
Physician's Address _____

School Name: _____ Teacher: _____

You will be contacted regarding the results of the screening. The therapist will only complete a full evaluation and/or subsequent treatment once they have spoken with you about the screening results and fees. You will also be asked whether or not you would like your child to receive a comprehensive speech and language evaluation. If you agree to the evaluation, a licensed and certified speech pathologist will perform diagnostic measures (including standardized evaluations, clinical observations, parent/teacher report, and/or language samples, etc.) and provide subsequent treatment, if needed, to the above-mentioned child. Treatment/therapy is dependent upon the results of the evaluation, the recommendations of the responsible speech language pathologist and parental input.

*All services will be paid by the parent/caregiver pay unless your child is eligible for Medicaid benefits. Medicaid will cover 100% of all expenses. Parents are expected to pay for speech therapy on a fee for service basis. We do not accept or bill private insurance at this time. If this changes notification will be given to all parents/caregivers.

Lawrence Speech Services, LLC WILL NOT bill you and/or your Medicaid company or begin evaluating/treating your child without discussing your plan of care with you.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Speech Language Pathologist

Phone: 803.378.1796
Fax: 803.937.1938
1408 Russel Street. Suite 13
Orangeburg, SC 29115