Speech Up Speech Therapy, Inc.

Early Intervention & Pediatric Speech-Language Services

Phone: 661-434-0686 Fax: 661-362-8654 help@speechuptherapy.com

Physician Referral For Speech-Language Evaluation & Therapy

Patient Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Address: _____

Primary Language: _____

Insurance Plan: _____

Referring Physician Information

Physician Name: _____

Clinic Name: _____

Phone: _____

Fax: _____

Physician Signature: _____

Date: _____

Reason For Referral (Please check all that apply)

☐	**Evaluation**
☐	Receptive Language
☐	Expressive Language
☐	Articulation

☐	**Therapy**
☐	Receptive Language
☐	Expressive Language
☐	Articulation

I certify that a speech-language evaluation and/or therapy is medically necessary for the child listed above.

Physician Signature: _____

Please fax the completed referral to: 661-362-8654