



Helping the children of Rhode Island reach their developmental milestones every step of the way!
Our highly skilled team is here to help you and your family through this pandemic.

CLIENT INTAKE FORM

Child's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

DOB: _____

Age/Grade: _____

Current School Status:

Distance Learning Hybrid In-School Other: _____

Any other Questions or concerns contact us!

Email: Samantha.mitchell@superioroutcomesllc.com

(P): (401) 733-3225

(F): (401) 633-6237

or visit our website: <https://superioroutcomesllc.com/>



Referred by: _____

Services Screening for:

PT OT SPEECH

Has your child had previous services? _____

Active Diagnosis if any:

Summary of Concerns:

What do you look for in a therapist/ have you struggled with any past services provided for your child?

Thank you we look forward to meeting you and the kiddos!!

Superior Outcomes

Mobile Milestones Team

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