

Please return or fax all pages

For Office Use Only: Date Received _____
Parent called _____ (date) by _____ (staff member)
Message : _____
Status: _____

Request for Services: Hamaguchi & Associates Pediatric Speech-Language Pathologists 2011-2012

Child's Legal First Name: _____

Pronunciation (if unusual): _____ Nickname: _____

Child's Last Name: _____

Pronunciation (if unusual): _____

Date of Birth: _____ Age: _____ Male ___ Female ___

Address _____

City/Zip _____

Home Phone _____

Best way to reach you during business hours _____

Mother's/Guardian's/Partner's Name _____

Occupation _____ Employer _____

Email: _____ Cell: _____

Father's/Guardian's/Partner's Name _____

Occupation _____ Employer _____

Email: _____ Cell: _____

Does your child have a diagnosis?

Yes If yes, what is the diagnosis? _____

No

Has your child (or sibling) ever received services of any kind with our practice?

No

Yes If so, when? _____

Who was the treating speech pathologist? _____

How did you hear about our practice? _____

What dates/ times is your child available for appointments? (Appointments after 2pm have a waiting list.) _____

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What services are you requesting to be scheduled?

- Assessment (page 2)**
- Consultation with Patti Hamaguchi (Skip to page 3)**
- Individual or Group Therapy Services (Skip to page 4)**

Please fill out this form and return it to our office.

1. Include a short note (1-2 pages, max, please) on a separate sheet of paper, “What We Want You to Know About Our Child” including information about your child’s personality, your concerns, observations and reasons for seeking an assessment and/or therapy at our office.
2. Please include a photograph of your child that we can keep in our records.
3. Fax it, drop it off, email it (frontoffice.hamaguchi@gmail.com), or mail this form, plus your letter, to our office:

Hamaguchi & Associates: Attn: Scheduling
2011 Stevens Creek Blvd. #145, Cupertino, CA 95014
Phone (408) 366-1098 ext 3#/ Fax: (408) 366-1011

Assessment: Please read the information about our assessment process, including our fees and scheduling process prior to submitting this form. Please tell us why you would like an assessment for your child at this time (concerns, etc.) The first appointment will be with Patti Hamaguchi on a Monday or Friday morning, with the rest scheduled with the other SLPs.

I would like the following type of assessment:

- Screening (For preschoolers/toddlers to determine if a full assessment is necessary) \$172
For typical 1 hour screening**Applied to a full assessment if scheduled within 3 months
- Articulation Screening (for 1-2 sound errors or possible developmental errors) prorated
for time spent; for typical 45 minutes: \$129
- Articulation/Oral-Motor Assessment \$475
- Stuttering Screening \$172 for typical one hour appt.
- Birth-age 6 comprehensive speech-language assessment \$1250
- Age 6 and up comprehensive speech-language assessment (includes auditory skills
component) \$1500
- Supplementary Testing: (for children who have previous speech-language,
neuropsychological or similar reports/assessments within the past 9 months and whose
parents would like additional information, such as aspects of auditory processing or a
more-in depth expressive language component to what was already done). Fees are
prorated by time spent but do not include a written report. Reports are billed separately
with our “Additional Services Form.”

***Please fill out page 5 after completing this section if you are not requesting therapy at this time**

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Individual and Group Therapy Services Request

Request for Therapy: What type of therapy service are you requesting?

- Individual Not sure yet; pending an assessment
 Group

INDIVIDUAL THERAPY: If requesting individual therapy: How many sessions per week? ___
How long for each session?

- 30 minutes: \$86 (We have only a few, limited appointments for 30 minutes before 2pm. If selected, you need to schedule at least 2 sessions per week.) 60 minutes: \$172
 45 minutes: \$129

GROUP THERAPY: Are you interested in a social language group for your child? Groups are used to teach children how to understand and use language (verbal and body language) in an age-appropriate manner in a playful and fun environment with their peers.

- Yes Not sure, pending an assessment
 No assessment

Group Fees: \$102 per 50-minute session for group of 3-6 children
\$129 for group of 3-6 children in “first group” that requires 2 professionals
\$129 for a group of 2 children (dyad)

What to do:

Please read the information about our assessment program and/or therapy, as well as our office policies on our website: www.hamaguchiandassociates.com. We often have a waiting list for after-school and evening appointments. If your child is able to attend appointments before 2pm, there is a much better chance of us being able to offer an appointment.

Therapy:

Please be reminded that we require a written assessment report from a speech-pathologist no older than 11 months before beginning a therapy program at our office. It can be from a school speech-pathologist (such as found on an IEP) or a private speech pathologist, including our office. If you do not have one to give to us, we will not be able to schedule your child. If you have another type of comprehensive learning assessment, such as from a neuropsychologist, it is probably best to start with a consultation. This is especially important if you are intending to seek insurance reimbursement because they will require an assessment report and goals of some kind from a speech-language pathologist.

**Children who are resistant to direct intervention, have frequent tantrums, scream, run away, kick/hit, etc., are not an appropriate candidate for our services. At this point in their development, children with these issues often require more “room to move,” a more intensive behavioral approach, and sometimes a combination occupational therapy/speech therapy setting. As we do have toys and games in view, please also be aware that if your child requires a room that is fairly stripped down, this practice is most likely not a good match for your child.*

Please help us understand your child's needs better by checking off all the areas below which are currently a concern:

- | | |
|--|---|
| <input type="checkbox"/> Articulation (pronouncing words more clearly) | <input type="checkbox"/> Learning how to put phrases and sentences together |
| <input type="checkbox"/> Oral muscle strengthening and coordination | <input type="checkbox"/> Listening to a story and being able to answer questions about it |
| <input type="checkbox"/> Learning to talk (non-verbal child)
Learning how to point to pictures or objects | <input type="checkbox"/> Learning to tell what happened, retell a story |
| <input type="checkbox"/> Learning how to relate to people more normally (looking at the person, making conversation) | <input type="checkbox"/> Stuttering/ Dysfluency |
| <input type="checkbox"/> Understanding basic concepts | <input type="checkbox"/> Auditory processing (understanding what is said) |
| <input type="checkbox"/> Speaking in grammatically-correct sentences | <input type="checkbox"/> Auditory development due to hearing loss |
| <input type="checkbox"/> Learning how to ask questions | <input type="checkbox"/> Auditory Memory (remembering what was said) |
| <input type="checkbox"/> Needs to talk more; short answers and little elaboration | <input type="checkbox"/> Phonemic Awareness Development |
| <input type="checkbox"/> Learning how to answer questions when asked | <input type="checkbox"/> Expressive language for higher level tasks (explaining, describing, retelling) |
| <input type="checkbox"/> Learning how to follow directions | <input type="checkbox"/> Social Language/Pragmatics/relating to other children |
| <input type="checkbox"/> Learning how to say more words | |
| <input type="checkbox"/> Other: _____ | |

We currently do not have anyone on staff who handles feeding, voice disorders, AAC devices, or severe cognitive/muscular/behavioral disorders

Which best describes your child?

- | | |
|--|---|
| <input type="checkbox"/> Is difficult to engage in structured activities | <input type="checkbox"/> Sometimes anxious and needs someone with a gentle, sweet personality |
| <input type="checkbox"/> Very active, but can be motivated to stay on task | <input type="checkbox"/> Can be strong-willed/controlling and needs someone with a firm and authoritative personality |
| <input type="checkbox"/> Very active, and can be challenging to keep focused | <input type="checkbox"/> Cries, screams or is easily upset if not given what he/she wants |
| <input type="checkbox"/> Fairly quiet and sensitive; a little shy | <input type="checkbox"/> May try to run away, crawl under the table or refuse to cooperate |
| <input type="checkbox"/> Outgoing, personable, and very sociable | <input type="checkbox"/> May have difficulty separating from parent |
| <input type="checkbox"/> With the right motivation and choice of activities, can be focused | <input type="checkbox"/> Has difficulty attending for a full 20 minutes |
| <input type="checkbox"/> An enthusiastic participant in adult-directed activities | <input type="checkbox"/> Can attend for 20-30 minutes at the most |
| <input type="checkbox"/> Variable, sometimes focused and cooperative, other times can be off-task | <input type="checkbox"/> Can attend for up to 45 minutes at the most |
| <input type="checkbox"/> Attends easily, and is usually cooperative | <input type="checkbox"/> Can attend for up to 60 minutes at the most |
| <input type="checkbox"/> Is not happy about the prospect of coming for speech therapy or an assessment | |