Professional Speech & Language Therapy, Inc.
Speech Therapy Services
1514 E. Cleveland Avenue, STE 200, East Point, GA 30344
Phone: (678) 608-9601 • Fax: 1 (800) 420-4398

CONTACT INFORMATION

Patient's Name: _____
(First Name Middle Last)

Home Address: _____
(Street Name, Apt. City, State, Zip Code)

***Home* or *Cell* Phone Number:** _____
Is it ok to leave a voice mail? Yes or No (Please circle one)

Mother's *Cell* Phone: _____
Is it ok to leave a voice mail? Yes or No (Please circle one)

Mother's *Work* Number: _____
Is it ok to leave a voice mail? Yes or No (Please circle one)

Mother's *E-mail* Address: _____

Father's *Cell* Phone: _____
Is it ok to leave a voice mail? Yes or No (Please circle one)

Father's *Work* Number: _____
Is it ok to leave a voice mail? Yes or No (Please circle one)

Father's *E-mail* Address: _____

Please circle your preferred contact method for each item listed below for all correspondence:

Mother's Phone: Voice mail • Text Message • E-mail

Father's Phone: Voice mail • Text Message • E-mail

Parent's/Guardian's Signature: _____

Date: _____