

# Referral Forms

## Dental Clinic



Sensible Rehab

From: Referring Physician: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_

### PATIENT INFORMATION

Patients' Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### AREA(S) OF CONCERN

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tongue Thrust               | <input type="checkbox"/> TMJ Disorder          | <input type="checkbox"/> Speech / Articulation |
| <input type="checkbox"/> Tongue and/or Lip Tie       | <input type="checkbox"/> Thumb / Digit Sucking | <input type="checkbox"/> Swallowing Disorders  |
| <input type="checkbox"/> Drooling / Excessive Saliva | <input type="checkbox"/> Mouth Breathing       | <input type="checkbox"/>                       |

### LANGUAGE USE

Sensible Rehab has therapists who are proficient in English, Spanish and ASL. However, we also have extensive experience and understanding of bilingual language development for most languages and are able to provide appropriate intervention to address both languages.

**Please circle all that apply**

#### Primary Language

English   Spanish   Sign Language  
Russian   Vietnamese   Ukrainian

#### Secondary Language

English   Spanish   Sign Language  
Russian   Vietnamese   Ukrainian

### INSURANCE INFORMATION – PLEASE ATTACH A COPY OF INSURANCE CARD (IF AVAILABLE)

Health Plan: \_\_\_\_\_  
Individual ID Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_