Convey Speech

Janet Convey, Speech-Language Pathologist
5655 Lindero Canyon Road, Suite 106-5
Westlake Village, CA 91362
(818) 292-5335 /ConveySLP@gmail.com

Identifying and Family Information:

Child's Name:	Birth date:
Father's Name:	Mother's Name:
Daytime Phone #:	Daytime Phone #:
Cell #:	Cell #:
Email:	Email:
Address:	Address:
Occupation:	Occupation:
Doctor's Name:	Doctor's Phone #:
Primary language spoken in the home:	

Child lives with:

☐ Birth Parents ☐ Adoptive Parents ☐ Foster Parents ☐ Parent & Step-Parent ☐ One Parent ☐ Other_____

Other children in the family:

Name(s) Gender Age Grade Speech-Language Problems

_____

_____

Contact Information:

At times, we may need to contact you for appointment reminders or other concerns. Please complete only the items below that you authorize as a method of contact.

Home Phone:	Ok to leave message?	☐ yes	☐ no
Mother's Cell Phone:	Ok to leave message?	☐ yes	☐ no
Father's Cell Phone:	Ok to leave message?	☐ yes	☐ no
Mother's Work:	Ok to leave message?	☐ yes	☐ no
Father's Work:	Ok to leave message?	☐ yes	☐ no
Mother's Email:	Ok to leave message?	☐ yes	☐ no
Father's Email:	Ok to leave message?	☐ yes	☐ no

_____,_____ _____
Last Name, First Initial Date of Birth

Release of Information:

Written records and verbal information cannot be shared with another party without the written consent of the client's parent, except under special circumstances required by law. It is the policy of Convey Speech not to release any information about a client without a signed release of information.

I, _____, authorize the mutual exchange of confidential information between Convey Speech and the agencies listed below.

Signed: _____ Date: _____

Relationship to client: _____

Child's Name:		Date of Birth:
Doctor:	Email:	Phone #:
School:	Email:	Phone #:
Agency:	Email:	Phone #:
Service Providers:	Email:	Phone #:
Service Providers:	Email:	Phone #:
Other:	Email:	Phone #:

Consent to be photographed/videotaped:

I, _____, authorize Convey Speech to photograph and/or videotape my child, _____, as part of participation in speech-language therapy.

Signed:_____ Date:_____

Relationship to client: _____

Appointments/Cancellation Policy:

Please arrive at your appointment on time. If the therapy door is closed, please indicate your presence by turning on the Janet Convey light switch located near the front door.

Sessions are 25 or 45 minutes in length beginning at the scheduled appointment time.

We require 24 hours notice of all cancellations. Clients will be billed for all appointments missed if at least 24 hours cancellation notice is not received via email (ConveySLP@gmail.com) or phone message at (818) 292-5335. Leniency is given to family emergencies and illness. Professional relationship may be discontinued as a result of excessive cancellations.

Signed:_____ Date:_____

Relationship to client: _____

Credit Card Authorization Form

Child's Name:	
Credit Card Information	
Name as it appears on the card:	
Credit Card Type:	VISA ☐ Mastercard ☐ Discover Card ☐ American Express ☐
Card Number:	
CVV:	
Expiration Date:	
Billing Information	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email Address:	
I authorize Convey Speech to charge my credit card for speech and language services provided to my child. I understand that I will be billed after each therapy session and for all appointments missed if at least 24-hour cancellation notice is not received via email (ConveySLP@gmail.com) or text/phone message at (818) 292-5335.	
Date:	
Signature:	
Printed Name:	
Thank you.	

_____,_____ _____

Last Name, First Initial Date of Birth

Rates and Insurance:

Convey Speech requires all fees to be paid at the beginning of the session. Please reference Rates and Insurance page on Convey Speech website for details.

A Superbill will be provided at the end of the month with ICD-10 codes and CPT code.
Please provide the following information for the Superbill:

Insured:

Insurance Plan:

Insurance Plan #:

Referring Physician:

Please share any information that would be relevant to helping your child be successful in speech therapy:

Forms may be emailed to: ConveySLP@gmail.com

or mailed to:

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