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| **Name:** | **Diagnosis:** |
| **Date of Birth:** | **ICD 10 Code:** |
| **Age:** years,    months | **Graduate Clinician:** |
| **Date:** | **Supervising SLP:** |

\_\_\_\_\_\_\_\_ 1. **Consent for Communication Form** (have client update info. if needed)

\_\_\_\_\_\_\_\_ 2. **Case History form** (completed)

\_\_\_\_\_\_\_\_ 3. **Date of most recent evaluation: \_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_ 4. **HIPAA Policies Acknowledgment Form** (No updates needed); Signed by client or guardian.

\_\_\_\_\_\_\_\_ 6. **Cancellation Policy for current semester.** You will have client/guardian sign 1st week of therapy.

\_\_\_\_\_\_\_\_ 5. **Consent for Teletherapy** (only if receiving teletherapy)