# Consent to Evaluate/ Treat

**Client Name:** _____ Date of Birth:_____ CA: _____
(For Office Use)

Address: _____ Daytime Phone:_____
_____ Cell Phone: _____
Email: _____

**Social Security #:** _____
**Primary Insurance Company:**_____ **Medicaid:** ☐ **Yes** ☐ **No**
**Primary Insurance #:** _____

**Secondary Insurance Company:**_____ **Medicaid:** ☐ **Yes** ☐ **No**
**Secondary Insurance #:** _____

***Please text, email, or fax images of all medical insurance cards (front & back.)**
**Services cannot begin if we do not have this on file!!!**
**Email:** Info@speakeasytherapyfactory.com **Text:** (803) 400-6334 **Fax:** 803-470-4709

Primary Care Physician Name:_____ Physicians Phone:_____
Physicians Address: _____
Referred by:_____ Phone:_____

This form is to verify that the above individual, consents to be evaluated and/ or treated by SpeakEasy Therapy Factory to determine necessity for, and frequency/duration of ST, PT or OT services. If you agree to this evaluation, a licensed, certified Speech- Language Pathologist, Physical or Occupational Therapist will perform a diagnostic evaluation (including standardized and non- standardized testing, swallow exam, and/ or clinical observations) and provide subsequent treatment, if needed. Therapy goals will be determined based upon the results of the evaluation, the recommendations of the evaluating therapist, and caregiver input.
*Completion of this form will allow us to verify your benefits, so we can discuss insurance payment and any fees/ co- pay charges after insurance coverage is applied. SpeakEasy Therapy Factory **CANNOT** provide services without verification of insurance and/ or an agreement on a payment plan if necessary.

**I hereby give consent to be evaluated and/ or treated by SpeakEasy Therapy Factory**

_____
**Clients Name (Printed)**

_____
**Caregiver/Parent/Guardian Name (Printed)**
**(If client under 18 years of age, or cannot sign)**

_____ _____
**Client/Caregiver/Parent or Guardian Signature** **Date**

**Please return this competed form to SpeakEasy Therapy Factory prior to initial visit via fax or email.**
**Email: info@speakeasytherapyfactory.com Fax: 803-470-4709 Phone/Text: 803-400-6334**