



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Admission date: \_\_\_\_\_

## Therapy Pre-Screening Referral Form

Please indicate by checking the boxes below if you would like your child to be screened for:

### **Physical Therapy:**

The treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities that are intended to restore or facilitate normal function or development.

### **Occupational Therapy:**

A form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life.

### **Speech Language/Feeding/Swallowing Therapy:**

Speech and language therapy provides treatment, support and care for children who have difficulties with communication, or with eating, drinking and swallowing.

### ☐ **Behavioral Health (ages 5 and up)**

A Behavioral Health Therapist will provide mental health therapy to support the social emotional development of clients.

### ☐ **I have been informed of the rehab and behavioral health services but I decline therapy screenings at this time.**

CRCC Location:      ☐ Southwest, 5321 S 138<sup>th</sup> Street      ☐ Northwest, 2010 N 88<sup>th</sup> Street

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions regarding Rehab therapy contact Paige Kullman, Rehab Therapy Services Administrator at **402-895-4000** or [pkullman@crccomaha.org](mailto:pkullman@crccomaha.org).

If you have questions regarding Behavioral Health Therapy contact Sue Ellis, Behavioral Therapy Services Administrator at **402-895-4000** or [sellis@crccomaha.org](mailto:sellis@crccomaha.org).