



THERAPY HISTORY

Has your child ever received any of the following therapies? Please check all that apply:

- Speech Therapy
- Occupational Therapy
- Mental Health Therapy
- Behavioral Health Therapy

Please provide the name and contact information for your child's therapists and/or age therapy was received:

Speech **Therapist:**

Name: _____

Contact Information: _____

Age therapy received: _____

Occupational **Therapist:**

Name: _____

Contact Information: _____

Age therapy received: _____

Mental **Health** **Therapist:**

Name: _____

Contact Information: _____

Age therapy received: _____

Behavioral **Health** **Therapist:**

Name: _____

Contact Information: _____

Age therapy received: _____