

**Communication PowerHouse, PLLC**  
**Speech & Language**  
**Evaluation. Education. Consultation. Therapy.**  
[ ] Greensboro [ ] Sanford [ ] Raleigh  
Ph: 336-446-9237 Fax: 877-540-0370  
ContactUs@CommunicationPowerHouseNC.com

**CLIENT REFERRAL FORM**

Dear Doctor, Therapist, Parent, Educator, Family Member, etc.,

Communication PowerHouse, PLLC is proud to offer a variety of speech-language evaluation, education, consultation, and therapy services to the Triad, Sanford, and Raleigh areas! We strive to serve children and families with a variety of needs in new and innovative ways. We are glad you found us. Anyone with questions can email/call any time for more information or to learn about upcoming programs/services.

In order to make a referral to our practice, it will require you to either ...

- 1) Call our office and provide the information below.
- 2) Fill out this referral form and fax or mail it to our practice.

Once we receive this information, we will contact that family within 5 business days to see if we are able to serve them. We will respond to your referral only to indicate if it has been accepted or declined. At that point, our services will focus on the client/family in need. If you would like to request evaluation reports or service progress notes, please make that request separately and know we will require the family to sign a release of information first.

Thank you for your referral.

Sincerely,  
Rebecca Marks  
Practice Manager

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Please circle type: home cell work

Preferred Email: \_\_\_\_\_

Primary Concern/Comments: \_\_\_\_\_

Referring for:  Evaluation  Education  Consultation  Therapy  ALL Services (as needed)

Therapist Name (if specific request): \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Position: \_\_\_\_\_

Practice/Office/School (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_