



Chatting Children Speech and Language Center, LLC
20604 Gordon Park Square, Suite 190
Ashburn, VA 20147
Phone: (540) 249-6221
Email: chattingchildren@gmail.com
Website: www.chattingchildren.com

Child's Name: _____ Date of Birth: _____ Today's Date: _____

Address: _____

Phone: _____
(home) (work) (cell)

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's email address: _____ Father's email address: _____

Name, Phone, Email of Nanny/Caregiver: _____

Siblings (include names and ages): _____

Referred by: _____

Pediatrician: _____ Phone: _____

Pediatrician's Address: _____

List other professionals working with (or who have worked with) your child:

Names/Professions:

Phone Numbers:

Is your child currently being treated by another speech-language pathologist? If so, please provide their name, telephone number and email.

Does your child attend school, day-care or any other program? If so, please specify the name of program, days attended and length of day.

Medical History

How was the mother's general health during pregnancy (please explain)? _____

Were there any complications during labor and/or delivery (please explain)? _____

Was your child born premature? If so, please provide details as to difficulties and treatment.

Birth weight: _____

Was your child nursed and if so, for how long? _____

Was there anything remarkable about your child's early feeding history? _____

Has your child been given a medical diagnosis? ____ If yes, what diagnosis? _____

Has your child had any surgeries? ____ If yes, what type and when? _____

Has your child ever suffered from ear infections? ____ If yes, how many? ____ Which ears? _____

At what ages? _____ Were PE tubes inserted? _____ If yes, at what age? _____

Has your child's hearing been tested? ____ If yes, please indicate when, where and the results.

Is your child sensitive to certain sounds/pitches (e.g., vacuum cleaners, blenders)? _____

Does your child cover his/her ears when he/she hears certain sounds? (specify) _____

Does your child seem under-reactive to loud sounds (e.g., fire trucks)? _____

Is your child currently taking any medications? ____ If yes, please identify. _____

Does your child have any allergies? If yes, please identify. _____

Is your child on a special diet? If yes, please describe. _____

Have any family members been treated by a speech-language pathologist? ____ Please explain.

Have any family members been diagnosed with autism? _____

Developmental History

Please provide the approximate age at which your child began doing the following activities:

Crawl _____ Walk _____ Feed self _____ Use toilet _____

Use single words (e.g., mama, no, plane) ***please provide the age* _____

Combine words (e.g., daddy car, eat cookie) ***please provide the age* _____

Engage in conversation ***please provide the age* _____

What languages are spoken in the home or any of your child's other settings? _____

Do **you** understand your child when he/she communicates? _____

Do **others** understand your child when he/she communicates? _____

Is your child showing signs of frustration arising from his/her communication? _____

Does your child repeat sounds, syllables or words within an utterance (e.g., "b-b-b-ball")? _____

How often does your child repeat sounds, syllables or words? _____

Does your child make eye contact with others? _____

How does your child interact with other children and adults (e.g., shy, aggressive, uncooperative)?

Please explain your child's typical eating habits: _____

When eating, does your child prefer specific textures (e.g., mushy, crunchy), tastes (e.g., sour, sweet, salty), or temperatures (e.g., hot, cold)? _____

Does your child use an open cup? _____ Sippy cup? _____ Straws? _____

Does your child use a pacifier? _____ At what age did he/she stop? _____

Does your child suck his/her thumb? _____ At what age did he/she stop? _____

Does your child drool? _____

Can your child blow bubbles? _____ Party horns/whistles? _____

Describe your child's sleeping patterns. _____

Describe your child's activity level (low, typical, high). _____

Does your child exhibit any unusual behaviors or have unusual interests? If yes, please describe.

What activities does your child enjoy the most? _____

How does your child spend most of his/her time? _____

How much time does your child spend watching TV per day? _____

How is your child doing academically (or pre-academically)? _____

If enrolled for special education services, has an Individualized Education Plan (IEP) or other specialized plan been developed? If yes, what services are included? Please provide a copy of the IEP or plan.

Which of the following concerns do you have? (check all that apply)

_____ 1) your child's overall articulation (pronunciation of words)

_____ 2) your child's comprehension of language

_____ 3) your child's ability to use language to converse

_____ 4) your child's eating habits

_____ 5) your child's dysfluent speech (stuttering)

_____ 6) your child's ability to read

_____ 7) your child's phonological awareness skills (pre-reading skills such as rhyming, sound ID)

_____ 8) your child's auditory processing

_____ 9) your child's play/social skills

Who recommended that you see a speech-language pathologist? _____

Please provide any additional information that might be helpful in the evaluation or remediation of your child's speech and language problem.

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CONSENT FOR SERVICES

I, _____ (parent/guardian), give my permission to Chatting Children Speech and Language Center, to RELEASE and OBTAIN information regarding my child _____ to/from the following professionals, physicians, programs, schools or other individuals:

NAME	CONTACT INFORMATION
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date



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Fee Schedule

<i>Comprehensive Speech and Language Evaluation</i>	\$600.00
- Fee includes 1-1.5 hours of testing, full comprehensive written report, and a discussion with parents	
<i>Speech/Articulation Evaluation</i>	\$300.00
- Fee includes one hour of testing of the child's oral motor skills and articulation, a written report, and a discussion with the parents	
<i>Individual Speech-Language therapy sessions (50-minute sessions)</i>	\$140.00
- Fee includes 45-minutes of individual treatment and documentation, and a 5-minute discussion with the parents at the end of the session	
<i>Group speech-language therapy sessions (50-minute sessions)</i>	\$100.00
<i>School visits (45-minute sessions)</i>	\$140.00
- Fee includes 45-minutes of individual treatment and documentation	
<i>School observations (45-minutes)</i>	\$140.00
<i>Phone or office consultative services (50-minutes)</i>	\$140.00

* If a dyad or group session becomes an individual session due to another child's cancellation, you will be billed for an individual session.

PLEASE NOTE: Payment is due at the time of services or upon receipt of the invoice and we do NOT take insurance. *** *Speech therapy is often covered by out-of-network benefits. We will provide you with an itemized bill with all necessary information including diagnosis and treatment codes so that you can submit your invoice to your insurance company for reimbursement.*

I, _____, acknowledge and accept full and complete responsibility for prompt payment for all services rendered to _____ by Chatting Children Speech and Language Center. I acknowledge that I have received written explanation of the fee schedule and the cancellation policy and that I agree to both.

I understand that health insurance policies and reimbursement are between myself and the health insurance company, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment to Chatting Children.

Signature

Date

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Policies and Procedures

Chatting Children Speech and Language Center is pleased to have you as a valued family in our practice. We offer a wide range of services and look forward to helping your child improve his/her communication skills. Please read, initial, and sign the following policies and procedures agreement.

Treatment Sessions

Therapy sessions are 45 minutes of treatment and a 5-minute discussion at the end with the parents (total of 50 minutes). You will receive a written treatment note at the end of the session. This treatment note is designed to provide you feedback on that specific session, as well as provide you with homework activities. We believe carryover activities in the home environment are essential to success! Please feel free to ask brief questions at the end of the treatment session, reserving more lengthy discussions for consultation appointments. We need the 10 minutes between clients to disinfect materials and prepare for the next session.

We kindly ask that parents do not sit in the therapy sessions. You are welcome to wait in the waiting room or do a drop-off. If you will be leaving the office during your child's session, please advise your therapist and be sure your cell phone number is on file. Returning to the office 5 minutes before the end of the session is imperative so that the session can be reviewed with you before your therapist's next scheduled appointment. Should tardiness on pick-up become problematic, we reserve the right to charge you our hourly rate for the additional time in office. Therapy sessions are back to back so late pick-ups affect the following client's session.

_____ (initial here)

Billing and Insurance

Payment by check or cash is expected at the time of service or upon receipt of invoice. Please make checks payable to **Chatting Children**. If a check is returned for insufficient funds, the additional fee will be charged to your account. **Chatting Children Speech and Language Center does not accept health insurance**. It is your responsibility to retain all treatment notes, evaluations, progress reports, invoices and treatment plans to provide to your insurance company. Should you require additional information, you will be charged the hourly rate for the time it requires to collect the material.

_____ (initial here)

Cancellations

If you must cancel a session, **please do so 24 hours prior to your appointment to avoid being charged for the session.** Exceptions will be made in cases of emergencies and illness at the discretion of the therapist. Please be mindful that careful individual planning and time goes into preparing for your child’s speech-language therapy. We want to maximize your child’s potential and progress with consistent therapy sessions. Also be advised that there is an extensive waiting list for current therapy slots. Therefore it is important for you to attend all therapy sessions as scheduled and to arrange for make-up sessions when possible. Should frequent cancellations become problematic, we reserve the right to bill for a minimum of 3 sessions per month in order to hold your time slot. Should you be arrive late to your child’s therapy session, the session will not go over the allotted time slot, nor can make up time be scheduled. It is your responsibility to arrive on time and pick up your child on time.

_____ (initial here)

Inclement Weather and Holidays Policy

Chatting Children **does not follow any local school districts’ inclement weather policy or holiday schedule.** Your therapist will contact you if therapy is cancelled due to inclement weather or upcoming holidays. If driving conditions are poor and will prevent you from making your child’s appointment, please be sure to contact your therapist as early as possible.

_____ (initial here)

School Visits

School visits are 45-minutes in length. It is the parent’s responsibility (not the school’s) to inform your therapist if your child will not be in school for the following reasons: sick, doctor’s appointment, school closings, half days or field trips. You will be billed for sessions not cancelled within 24 hours prior to the scheduled session.

_____ (initial here)

Waiting Room Discussions

Your child’s therapy session will be discussed with you in the office/waiting area at the end of each session. Please advise your therapist if you do not want to have these brief discussions at that time.

_____ (initial here)

Consultative Services

When necessary, we are happy to schedule appointments for phone, office, or school consultations. Please schedule these with your therapist and note that should the consultation require more than 15 minutes, you will be billed our hourly rate for the service.

_____ (initial here)

Safety Measures

Surveillance cameras are in the office to ensure the safety of our staff, clients and families. Videos will not be publicly released and can only be viewed by the director of this practice, Julie Cotter. Should a situation arise, where video footage of you or your child needs to be released for legal purposes, you will receive notification prior to.

_____ (initial here)

I, _____, parent/guardian of _____ acknowledge that I have read and understand the Policies and Procedures regarding speech-language therapy at Chatting Children Speech and Language Center and I accept the terms of agreement.

Signature

Date



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Credit Card Authorization Form

Should payment not be received by the 14th of the month, Chatting Children Speech and Language Center will charge the credit card listed below.

Client Name: _____

Credit Card Number: _____
(We accept VISA, MasterCard and Discover)

Name on Card: _____

Billing Address: _____

Billing City, State: _____

Billing Address Zip Code: _____

Expiration Date: ____ / ____

CVV Code _____

Signature _____