



Hamaguchi & Associates
Pediatric Speech-Language Pathologists, Inc.
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Cupertino, CA 95014
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Request Form for Teletherapy Services for New Clients: 2020-2021 Academic Year

Child's Name: _____
Date of Birth: _____ Age: _____ Male _____ Female _____

Address _____
City/Zip _____
Home Phone _____
Best way to reach you during business hours _____

Mother's/Guardian's/Partner's Name _____
Occupation _____ Employer _____
Email: _____ Cell: _____

Father's/Guardian's/Partner's Name _____
Occupation _____ Employer _____
Email: _____ Cell: _____

Does your child have a diagnosis?
 Yes If yes, what is the diagnosis? _____
 No

Has your child (or sibling) ever received services of any kind with our practice?
 No
 Yes If so, when? _____

Who was the treating speech pathologist? _____

How did you hear about our practice? _____
If referred by a friend, please let us know who: _____

Out of an abundance of caution, we are currently providing telehealth services only, due to the nature of our profession and close contact with families. We have had tremendous positive feedback from parents about our sessions, and have been pleasantly surprised to see how well the children have adapted to this change! If you are seeking individual or group speech and language therapy sessions, please fill out the rest of this form to set up an initial consultation, along with your scheduling availability.

What we need from you prior to beginning therapy:

1. The Registration Contract, along with the equivalent of 2 sessions' fees. (If attending group and individual, the equivalent of one group and one individual session). We require a credit card on file for payments or you may sign up for ACH (automatic bank withdrawal).
2. A Patient History Form
3. Copies of previous speech-language pathology reports, as well as any other pertinent reports, such as those from an occupational therapist, IEP, or psychologist. We will need to have some kind of speech evaluation or report that is no older than 11 months old, in order to begin services. Children with minor articulation

difficulties can usually suffice with a screening by our staff. If you have no report and your child has anything other than a very mild, simple deficit, we will need to perform an evaluation first.

What services are you requesting to be scheduled?

- Telehealth Assessment** (*skip to page 3*)
- Individual or Group Teletherapy Services** (*Skip to page 5—we will need current reports/assessments or a recent speech IEP if we have not done the assessment at our office in order to plan the therapy program*)
- I'm not sure what my child needs.** (*Please send us all previous reports and we will give you input on this*)

Please fill out this form and return it to our office.

1. Include a short note (1-2 pages, max, please) on a separate sheet of paper, "What We Want You to Know About Our Child" including information about your child's personality, your concerns, observations and reasons for seeking an assessment and/or therapy at our office.
2. Please include a photograph of your child that we can keep in our records.
3. Fax it or email it (frontoffice.hamaguchi@gmail.com), or mail this form, plus your letter, to our office:

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Assessment: Please read the information about our current teletherapy assessment process, including our fees and scheduling process prior to submitting this form.

Because we are operating virtually, we have adjusted our assessment process and fees to accommodate the limitations of standardized testing performed online. Some assessment tools lend themselves well to this format, but some do not. Therefore, our usual testing battery is being modified as a result. Until we reopen for in-person therapy, we will provide assessments as follows, in order to provide some necessary data for insurance requirements, as well as for setting goals and establishing an initial treatment plan. We can of course, modify it as always, should we find it is appropriate to do so. When possible, we will use previous assessments and IEPs to provide as much data as possible so as to minimize the need for extensive online testing.

For children ages birth-age 3: The Director of Clinical Services, Kristen White, will conduct a phone or zoom consultation with you to discuss your concerns about your child, as well as review your child's patient history and Request for Services. She will then observe your child in his or her natural environment during play with a parent. We will explain to you how to prepare for this observation. We also have a parent questionnaire we can use to obtain some standardized data and will provide you with a report of results and initial goals so we can begin therapy. If your child is able to participate, there are a few standardized tests we can do for expressive vocabulary and articulation. This is different than the usual in-person standardized testing we conduct at our clinic. However, we feel confident we can get a good picture of what to work on with this method of assessment for the time-being. Therefore, we are temporarily reducing our fee to \$400 for initial assessments and a report of findings.

For children ages 4 and up: Kristen will also conduct a consultation and review of your child's patient history as described above. In addition, we are able to conduct many key tests via teletherapy if your child is able to sit in front of a screen and actively participate. We can of course have breaks and a few quick fun games to break things up. Therefore, that fee will be temporarily reduced to \$700-\$1,000 for an initial assessment and a summary report of findings, depending on the number of tests performed.

Articulation assessments will be \$250 for an initial assessment and a summary report.

I would like the following type of assessment:

- Articulation Assessment - **\$250** (If no report is required - \$196; *pronunciation issues only*)
- Birth-Age 3: speech-language assessment for children - **\$400**
- Age 4 and up: comprehensive speech-language assessment - **\$700-1,000** (actual rate will depend on amount of testing able to be completed)
- Supplementary Testing: for children who have previous speech-language, neuropsychological or similar reports/assessments within the past 9 months and whose parents would like additional information, such as aspects of auditory processing or a more-in depth expressive language component to what was already done. Fees are prorated by time spent but do not include a written report. Reports are billed separately with our "Additional Services Form."

Individual Therapy Requests

Speech Pathologist requested:

- No preference (Our administrator will work to consider your case and match appropriately)
 - Amber Antle: (Amber will be returning from Maternity leave towards the end of October). Schedule TBD
 - Kristen White: Monday, Tuesday, and Friday: first session starting at 8am and last individual session starting 2:15pm/2:30pm (groups in the afternoon each day)
 - Fiona Poon: Monday thru Thursday: first session starting 8:15am, last individual session on Monday and Tuesday is 5pm; last individual session on Wednesday is 3:45pm, last individual session on Thursday is 4pm.
 - Charlotte Hellmuth: Tuesday through Friday- first session starting at 8:15am; last session starting 5pm
 - Sabrina Hogan: Monday through Thursday- first session starting at 8:15am; last session starting 5pm
 - Emily Guenin: Tuesday through Friday-first session starting at 8:15am; last session starting 5pm
- **Patti Hamaguchi: will only be doing mentoring and special consults****

1. Individual Teletherapy: How many sessions per week do you wish to schedule? _____

2. How long for each session?

- 30 minute individual sessions (\$98) 45 minute individual sessions (\$147)
(available before 2pm only, must schedule a minimum of 2 sessions per week)
- One hour (\$196)

3. Days your child is available (please check all that apply):

- Monday Wednesday Friday
- Tuesday Thursday

4. Timeframes your child is available to START each session (please check all that apply):

*****APPOINTMENTS AFTER 2PM HAVE A WAITLIST*****

- 8:15am to 10am 1pm to 2pm 3pm to 4pm
- 10am to 11:15am 2pm to 3pm 4pm to 5pm

Please indicate any special request here: _____

Group Teletherapy Requests

1. Are you interested in a social language group for your child?

- Yes No

2. Days your child is available (please check all that apply):

- Monday
- Tuesday

- Wednesday
- Thursday

- Friday

3. Timeframes your child is available to START each session (please check all that apply):

- 8:15am to 10am
- 10am to 11:15am
- 1pm to 2pm
- 2pm to 3pm
- 3pm to 4pm
- 4pm to 5pm

Please indicate any special request here _____

Payment Arrangements: Payments will be due at the time of service. (Please check one below)

- Automatic Bank Withdrawals:** I am attaching a voided check for ACH withdrawal and will fill out the information required in the box below. (If you have been doing ACH withdrawal all along, we don't need a new check. Only attach a voided check if you are switching over to ACH)
- Automatic Credit Card:** We will charge your credit card for all fees.