

Pediatric Helping Hands Therapy, LLC
 JMST for Kids, Inc.
 MVPT for Kids, Inc.
 OT for Kids, Inc.
 Speech Tree, Inc.

2 Chelsea Boulevard
 Houston, TX 77006
 Phone: (713) 807-1131
 Fax: (713) 807-1141

Gender: M F Ethnicity _____

CONFIDENTIAL CLIENT INTAKE

Name: _____

Mother: _____

Mother Cell # _____

Email: _____

Address: _____

Mother Wk #: _____

City/Zip: _____

Father: _____

Father Cell # _____

Email: _____

Home Phone: _____

Father Wk #: _____

Patient DOB: _____

Social Security # _____

Mother SS#: _____

Father SS#: _____

Diagnosis /Problem: _____

How were you referred to our office: _____

Current Physician's Name: _____

Address: _____

City/ST/Zip: _____ Tel # _____

NPI: _____ TPI: _____ Fax # _____

Please include all Professionals who regularly have contact with your child, (i.e., Pediatrician, Neurologist, Developmental Specialists, Therapists, Schools, Teachers, Nannies, Caregivers, etc...)

Name of Person and/or Entity	Phone Number	Place of Employment	Date of Release	Authorization to Release PHI

Signature of Parent(s) and/or Legal Guardian: _____

Date: _____