
THErapy SOLUTIONS OF GEORGIA, INC.

3615 BRASELTON HIGHWAY, SUITE 103 · DACULA, GEORGIA 30019 -5907

Free Speech and Language Screenings



Therapy Solutions of Georgia, Inc is pleased to announce that we will be offering free speech and language screenings to children at Great Beginnings/Harbins Preparatory School. Screenings will be available for children ages two through six.

If you have questions or concerns about your child's speech and language development, a screening is the first step in determining if therapy services are needed. In order to have your child screened, please complete a consent form and return it to the front desk or your child's teacher.

For additional information please visit on the web at www.tsg-inc.net or contact our clinic at (678) 377-9634.

PHONE: (678) 377-9634 · FAX (678) 377-9609

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SCREENING PERMISSION FORM

Therapy Solutions of Georgia, Inc. will be at Great Beginnings/Harbins Preparatory School on Fridays - Aug 24, Aug 31, Sept 7 to conduct Speech and Language screenings. The following areas will be screened:

- Articulation (speech sound production)
- Fluency (stuttering)
- Language
- Voice

If you are interested in having your child's speech and language skills screened please complete the information below. A letter outlining the results of our screening will be sent home with your child in a sealed envelope. If you have any questions or concerns, please contact our office at (678) 377-9634.

Child's Name: _____ Date of Birth: ____/____/____

Parent's/Guardian's Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

I hereby give consent to have my child screened by Therapy Solutions of Georgia, Inc. Unless indicated below, I further authorize Therapy Solutions of Georgia, Inc. to discuss the results with my child's teacher.

(Parent's/Guardian's Signature) _____
(Date)

I **do not** authorize Therapy Solutions of Georgia, Inc. personnel to discuss the results with my child's teacher.

Please indicate any areas of special interest or concern: _____

We are in network with most major insurance carries and accept Medicaid as well. If further evaluation is recommended for your child we would be happy to check your insurance benefits. If you would like us to do so please complete the following:

Insurance Company: _____ Phone # _____

Insured's Name _____ Date of Birth: _____

Insured's ID # _____ Insured's Group # _____

Insured's Employer: _____ Medicaid # _____

PHONE : (6 7 8) 3 7 7 - 9 6 3 4 · FAX (6 7 8) 3 7 7 - 9 6 0 9