San Diego Center for
SpeechTherapy
Myofunctional • Physical • Occupational

REFERRAL SLIP

Please fax this form to the office: 858-746-4113 or email it to: Info@SanDiegoCenterForSpeechTherapy.com

Patient: _____ Age: _____ Patient Phone: _____

Patient Email: _____ Referred by (name): _____

Referral Phone: _____ Date of Referral: _____

OROFACIAL MYOFUNCTIONAL THERAPY

- ☐ Thumb/finger/pacifier sucking habit
- ☐ Mouth breathing/lips open at rest
- ☐ Tongue position at rest
- ☐ Drooling
- ☐ Tongue thrust
- ☐ Chewing/eating difficulties
- ☐ Speech concerns
- ☐ Sleep breathing Issues
- ☐ Clenching/grinding
- ☐ Mouth/Face/Jaw muscle pain

Comments: _____

SPEECH & LANGUAGE THERAPY

- ☐ Delayed talking, not speaking yet, or limited speech
- ☐ Speech articulation challenges / speech sound errors
- ☐ Language processing/comprehension concerns
- ☐ Expressive language challenges, grammar/syntax issues, difficulty expressing oneself
- ☐ Difficult to understand
- ☐ Stuttering
- ☐ Shyness, not speaking in various situations, selective mutism
- ☐ Feeding, swallowing, drooling, oral-motor challenges
- ☐ Voice concerns (e.g., hoarseness, pitch issues, etc.)
- ☐ Social skills/pragmatics concerns

Comments: _____

OCCUPATIONAL THERAPY

- ☐ Sensory integration/regulation concerns
- ☐ Self-help & activities of daily living concerns
- ☐ Attention & organizational skill difficulties
- ☐ Fine motor challenges (e.g., handwriting, scissor skills, dressing, utensil use, etc.)
- ☐ Motor planning, strength, endurance, balance, & coordination challenges
- ☐ Feeding, picky eating, & food avoidance issues
- ☐ Visual motor or visual perceptual concerns

Comments: _____

PHYSICAL THERAPY (WATER AND SPORTS PHYSICAL THERAPY)

- ☐ Physician diagnosis/condition: _____

EDUCATION/ACADEMIC SERVICES

- ☐ Learning difficulties
- ☐ Reading challenges, dyslexia

Concerns in specific academic areas/comments: _____

P. 858-488-4810
F. (858) 746-4113

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ADDITIONAL COMMENTS

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