

Alabama A & M University
Speech-Language-Hearing Clinic
REQUEST FOR CLINICAL SERVICES
FALL 2011

Client's Name: _____ DOB: _____ Age: _____

Spouse's/Parent's Name, if applicable: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: home _____ work _____ other _____

Please circle/check the following information:

- ♦Number of days per week you would prefer: 1 or 2
- ♦Prefer: Individual Therapy or Group Therapy
- ♦Preferred day(s) and time: Select BOTH preferred option and secondary option

Preferred Option

☐ **Monday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm ☐ 3:00-3:50pm
☐ 4:00-4:50 pm

☐ **Tuesday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 3:00-3:50pm

☐ **Wednesday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm ☐ 3:00-3:50pm
☐ 4:00-4:50 pm

☐ **Thursday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 3:00-3:50pm
☐ 4:00-4:50 pm

Secondary Option

☐ **Monday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm ☐ 3:00-3:50pm
☐ 4:00-4:50 pm

☐ **Tuesday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 3:00-3:50pm

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☐ **Thursday**

- ☐ 9:00-9:50am ☐ 10:00-10:50 am
☐ 11:00-11:50 am ☐ 3:00-3:50pm
☐ 4:00-4:50 pm

_____ I do not know my schedule for Fall '11 (for AAMU students only).

We will **attempt** to accommodate your preferred and secondary options. Please return these forms to your current student clinician as soon as possible, with a current email address as we be sending updates re: clinical service via this venue. **We MUST have these forms back to include you on the list for the coming semester by July 22nd**.

The Clinic is scheduled to open September 13th thru December 2nd. Make every effort to attend all therapy sessions to get the maximum benefit of therapy. Also be aware that attendance will be taken into consideration when scheduling for future semesters.

A graduate clinician will be contacting you to confirm therapy times for Fall '11 during the last week in August, through September 2nd.

If you have any questions or concerns, please call or leave a voice mail message at 372-4044/5541. Feel free to write any more information that we may need in scheduling on the back of this form. Thank you for your continued support of our clinic. We look forward to working with you again.

Sincerely,

Ms. Esther-Phillips-Embden

Ms. Esther Phillips-Embden MA, CCC/SLP/L
Clinic Director

esther.phillips@aamu.edu

AAMU Communicative Sciences and
Disorders Clinic

For Clinic Use Only: Dx _____ Tx _____ Case Hx _____ Referral _____

Comments: