

Alabama A & M University  
Speech-Language-Hearing Clinic  
**REQUEST FOR CLINICAL SERVICES**  
**SPRING 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

☐ **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

\_\_\_\_\_ I do not know my schedule for Spring '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 January 10<sup>th</sup>**.

The Clinic is scheduled to open February 7<sup>th</sup> thru May 6<sup>th</sup>. 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 Spring 2011 during the third and fourth weeks in January.

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](mailto:esther.phillips@aamu.edu)

AAMU Communicative Sciences and  
Disorders Clinic

For Clinic Use Only: Dx \_\_\_\_\_ Tx \_\_\_\_\_ Case Hx \_\_\_\_\_ Referral \_\_\_\_\_

Comments: