



### Appointment Scheduling Form

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Date

**Parents: Please note that 8:00 AM, and afternoon times (2:00 PM- 5:00 PM) will have longer waitlist times, as these are the most requested. Occupational Therapy typically begins on the hour for 50 minute sessions (10:00 AM, 11:00 AM, etc.) Speech and Feeding Therapy can begin on the hour, or at each half hour for 25 minute sessions (10:00 AM, 10:30 AM, etc.)**

1<sup>st</sup> Priority time and day: \_\_\_\_\_

2<sup>nd</sup> Priority time and day: \_\_\_\_\_

3<sup>rd</sup> Priority time and day: \_\_\_\_\_

Is your schedule flexible?    Yes    No

Does/will your child receive speech therapy services with PDCA?    Yes    No

Would you prefer to have these services as close together as possible?    Yes    No

How many times per week would you like to schedule services for?    1    2    3+

Is there a sibling currently receiving therapy you would like to be paired with?    Yes    No

We will try to accommodate you with scheduling as much as possible, however please understand that, at times our therapists have full caseloads, and there is a wait list for services. We will be scheduling children, in the order of when therapy was requested, following the completion of an evaluation by Pediatric Development Center of Atlanta or another clinic if dated within one calendar year.

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*For office completion only*

Services currently provided by: \_\_\_\_\_

Times/Date offered: \_\_\_\_\_

Notes: \_\_\_\_\_