Family Foundations Therapy

Empowering Families by Building Foundations

REFERRAL FORM

Forms can be faxed to 1-800-977-9090/ 639-739-1773
OR emailed to support@familyfoundationstherapy.com
You will receive a confirmation phone call/email within 1 week of sending referral

REFERRAL FOR: **Orofacial Myofunctional Therapy** **Referral Date:** M/D/Y ____________

Client's Name: ______________________________________ D.O.B. (M/D/Y) ______________ Gender: _________
Allergies/Medications: ____

FAMILY INFORMATION

Parent/Caregiver(s): _________________________________ ____

Preferred contact method: Phone ☐ Text ☐ Email ☐
Phone(s): ______________________________________ ____
Email(s): * ______________________________________ ______________________________

☐ ***I understand and accept the risks of sending confidential information (such as reports) by e-mail***

Client/Family's Main Concerns: ____
____
____

Poor Tongue Rest Posture **Tongue Thrust Swallow**	**Mouth Breathing** **Allergies**
Relapse of Orthodontic Tx **TMJ/TMD Symptoms**	**Short Lingual Frenum** **Short Labial Frenum**
Class I **Class II** **Class III**	**Breath Retraining** **Narrow Arches**
Cross bite **Lt** **Rt** **Overjet** **Open Bite**	**Thumb Sucking** **Finger Sucking** **Tongue Sucking**

REFERRAL INFORMATION

Referral Source: _____________________________Phone/Fax: __________________Email:_____________
How did you hear about us? ____

OTHERS INVOLVED

Services: *(e.g. CST,PT, SLP):*____ ____________________
Physician name/address: ____

I have read the information above, it is correct and I agree to this referral.

Parent signature: ____ **Date** (M/D/Y)_________________________________

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E. support@familyfoundationstherapy.com
www.familyfoundationstherapy.com

OFFICE USE ONLY:

o Contacted referral source	o Entered into FFT	o Informed of estimated Wait
o Received ________________	o Date onto Caseload ________________	o Wait time ________________
o Contacted #1 ________________	o #2 ________________	o #3 ________________
o Referred out ________________	o Ineligible ________________	o D/C date ________________