

Registration Form

Date:

Name of Referring Person:

Address (number, street, city, state or province, postal code):

Country:

Home telephone:

Mobile telephone:

Email:

Relationship to person needing Speech Therapy:

Name of Person needing Speech Therapy:

Address (number, street, city, state or province, postal code):

Country:

Home telephone:

Mobile telephone:

Date of Birth of Person needing Speech Therapy:

Please give a description of the Speech Therapy needs: {expand as needed}

Please give a description of strengths of the person referred: {expand as needed}

Do you have a computer with webcam and microphone at home (answer yes or no)?

Do you have high speed internet at home (answer yes or no)?

Are you available to go to an office in Nassau, with a computer and internet, for Speech Therapy for an additional nominal charge (answer yes or no and explain)?

What hours are you available for Speech Therapy each week?

Are you flexible with the hours available for Speech Therapy (answer yes or no)?

How did you hear about us?

Preferred method of contact:

Preferred hours of contact:

How to use this form:

1. Complete the form.
2. Click on the download icon on the top right of the form.
3. Download the completed form to your computer
4. Attach the downloaded form in an email to: BahamasOST@gmail.com