

We Need to Talk and More! LLC Speech, Language and Occupational Therapy
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Consent Form

I, _____, consent to receive a speech language therapy evaluation and/or treatment. I consent to care and treatment that falls within the scope of speech, language and occupational therapy practice as defined by the state of New Mexico, the American Speech-Language-Hearing Association and the National Board for Certification in Occupational Therapy.

Patient Signature

Date