

**Therapists**  
**Health Care/Service Providers**

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- Behavior Therapist: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Physical Therapist (PT): \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Speech-Language Pathologist: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_