EXTENDED HEALTH BENEFITS - SPEECH THERAPY

Send to: CCWUcare | 200 Labourers Way, Suite 2100 | Vaughan, ON L4H 5H9
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MEDICAL QUESTIONNAIRE – SPEECH THERAPY

Treatments provided by a Speech Therapist must be prescribed by a licensed physician (MD) in Canada. All speech therapy claims must be accompanied by an MD referral outlining the diagnosis, treatment needs and duration. If treatment is required for more than one year, an MD referral is required on an annual basis. Any fees associated with the completion of this form is the responsibility of the member/patient.

MEMBER INFORMATION (to be completed by Member)

Member's Name	Member Advantage Benefit Card ID	Date of Birth (yyyy/mm/dd)

Address	Town/City, Province	Postal Code

Email Address	Telephone Number	Cell Phone Number

If Dependent Claim, Dependent's Name	Relationship	Date of Birth (yyyy/mm/dd)

Member Declaration

I certify that the information presented is true, correct, and complete.

Member Signature	Date

MEDICAL INFORMATION (to be completed by Licensed Physician)

Referring Physician's Name	License Number	Telephone Number

Address	Town/City, Province	Postal Code	Fax Number

Primary Diagnosis

Secondary Diagnosis

Reason for Referral (Medical Requirement)

Treatment Plan

Treatment Goals (Functional Improvement & Outcomes Expected)

Previous Treatments and/or Assessments (provide dates and outcomes)

Speech Therapist's Name	License Number	Telephone Number

Address	Town/City, Province	Postal Code	Fax Number

Declaration

I certify that the above information is true, correct, and complete.

Referring Physician's Signature	Date

Please complete and return this form to:

CCWUcare
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