



Sumlar Therapy Services, Inc.

Pediatric Physical Therapy, Occupational Therapy, and Speech Therapy
With Hippotherapy and Aquatic Therapy

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EARLY INTERVENTION INFO COVER SHEET

Patient Name: _____ Initial Code: _____
Date of Birth: _____ EI Program: _____
Parents: _____ IFSP Holder: _____

Phone Numbers:

Home: _____ Daycare: _____
Parent (work): _____ Other: _____
Parent (cell): _____ Other: _____

Scheduling Info:

Earliest time to visit: _____
Latest time to visit: _____
Breakfast time: _____
Lunch time: _____
Nap time: _____

Caregiver/Work Schedule:

Treatment Plan/Therapy Strategies:

Primary Location of Visit:

Directions:

Secondary Location of Visit:

Directions:

Therapists: File this page as the last page in each patient's section in your notebook.