

PHYSICIAN ORDER / REFERRAL

Date of Referral: _____ Spanish: Y/N _____
(valid for 1 year)

Patients Name: _____ D.O.B: _____

Parent/Guardian Name (if appropriate) _____

Patient Phone Number: _____

Diagnosis (If known/relevant): _____

Insurance: _____ Policy ID: _____

Referring Physician Name: _____

NPI _____

Practice Name: _____

Practice Address: _____

Physician Phone Number _____ Fax: _____

Physician's Signature: _____

Audiology Services

Holly A. Hurley, M.S., CCC-A
Director of Audiology Services
Licensed / Certified Audiologist

Sally H. Whitson, M.S., CCC-A
Licensed / Certified Audiologist

Robin Heitman, M.A., CCC-A
Licensed/Certified Audiologist

Psychology/Learning Services

Elizabeth I. Shands, Ph.D.
Executive Director
Licensed Psychologist

Laura Rogers, Ph.D.
Post Doctoral Fellow

Abigail Zender, MA, ATR, LPC
Licensed Professional Counselor

Courtney Woodruff, MA, LPC
Licensed Professional Counselor

Speech/Language Services

Terri Fulton, M.S., CCC-SLP
Director of Speech Language Pathology
Speech-Language Pathologist

Bridget Fetterman, M.S., CCC-SLP
Speech-Language Pathologist

Alexandra Shaw, M.S. CCC-SLP
Speech-Language Pathologist

Katharine Broach, M.S., CF-SLP
Speech-Language Pathologist, Clinical Fellow

Intake and Scheduling:

Children: 864.331.1403
Adults: 864.331.1403
Español: 864.331.1404
General Info: 864.331.1400
Fax: 864.331.1416
Web Site: www.clarityupstate.org

AUDIOLOGY SERVICES:

- Diagnostic Hearing Evaluation (All ages)
- Auditory Brainstem Response (ABR) (Birth- 6months)
- Central Auditory Processing Evaluation (age 5 – adult)
- Hearing Instrument Counseling/Fitting
- Tinnitus Evaluation
- This patient has been examined and is medically cleared to wear hearing aid
- Other: _____

SPEECH LANGUAGE PATHOLOGY SERVICES:

- Speech and Language Evaluation (any age)
- Speech Therapy Treatment

PSYCHOLOGY AND LEARNING SERVICES:

- Cognitive/Educational/Psychological Evaluation (Age 5 – Adult) for:
 - ADHD
 - Learning Disability
 - Behavioral and Emotional Concerns
 - Other
- Developmental/Psychological Evaluation (Age 3 years to 5 years)
- ASET (Autism Spectrum Evaluation Team)
- Counseling

Clarity is a 501(c)(3) non-profit organization. Financial assistance for service fees is available on a limited basis, subject to proof of income and approval. Please contact Clarity at 864.331.1400 for more information concerning this program.

Partnering with our community to empower people to overcome speech, hearing, and learning challenges.