



Therapy Connections

4830 Chestnut St. • Bellaire, Texas 77401
713-839-TALK (8255) • 713-665-7563 FAX

Tiny Pretzels

Kids Yoga Referral and Consent Form

Child's First and Last Name: D.O.B:
Parent's name:
Therapist:

Please place a check mark in the appropriate box for your answer.

Type of Disability	Primary Disability	Other Significant
ADD		
Asperger's Syndrome		
Cerebral Palsy		
Down Syndrome		
Hyperactivity		
Low Muscle Tone		
Opraxia		
PDD		
Poor Attention		
Poor Coordination		
Other Physical:		

NOTES:

Parent/Guardian Consent:

I _____, authorize Therapy Connections Yoga therapist to contact me.

Parent Signature: _____

Date: _____