

UCA SLHC Registration Form

Please return this information to your clinician or to Amanda Rehm via email, fax, or mail. Once this information is received, the SLHC will contact you regarding possible options for scheduling.

Email: arehm@uca.edu Fax: 501-504-2105 Mail: 201 Donaghey, UCA Box 4985, Conway, AR 72035

Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____
Date of Birth: _____ Sex: Male Female
Home Number: _____ Cell Number: _____ Work Number: _____
Preferred Language: _____ Race: African American Asian Caucasian Hispanic Native American Other
Ethnicity: Hispanic Non-Hispanic Email Address (required): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

If Patient is a Minor

Father's Full Name: _____ Date of Birth: _____
Mailing Address: _____
Cell Phone: _____
Mother's Full Name: _____ Date of Birth: _____
Mailing Address: _____
Cell Phone: _____

Scheduling Preferences (Please choose your preferred day/time for therapy.)

Please choose your **most preferred** day/time. Pay close attention to the times offered below as some times are unavailable due to course schedules. The UCA SLHC will do our best to accommodate your needs on a first-come, first-serve basis according to date of registration return. We will contact you via phone if we are unable to meet your first request.

I prefer scheduling for:

<input type="checkbox"/> M/W mornings 9-12	<i>Exact Time preferred:</i>	
<input type="checkbox"/> M/W afternoons 2-5	<i>Exact Time preferred:</i>	
<input type="checkbox"/> T/TH mornings 9-12	<i>Exact Time preferred:</i>	
<input type="checkbox"/> T/TH afternoons 2-5	<i>Exact Time preferred:</i>	

UCA SLHC Registration Requests Summer 2025

(Client keeps for their records)

My Chosen Scheduling Preferences

I prefer scheduling for:

<input type="checkbox"/> M/W mornings 9-12
<input type="checkbox"/> M/W afternoons 2-6
<input type="checkbox"/> T/TH mornings 9-12
<input type="checkbox"/> T/TH afternoons 4-6

Exact Time preferred:

Exact Time preferred:

Exact Time preferred:

Exact Time preferred:

Important Dates

Monday, June 9, 2025	First day of therapy
Friday, July 4, 2025	Clinic Closed for 4 th of July
Thursday, July 31, 2025	Last day of therapy

Billing

We currently are self-pay only. You will be billed directly from the UCA SLHC on a monthly basis. Payment due date will be listed on the invoice. **Balances for each semester must be paid in full prior to registration for the next semester.** Please contact Amanda Rehm (501-450-3176 or arehm@uca.edu) to discuss payment options and methods.

Thank you for choosing the UCA SLHC! We look forward to working with you.