

Date returned: \_\_\_\_\_

Time returned: \_\_\_\_\_

# UCA SLHC Registration Form Fall 25

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](mailto: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.

☐ Keep my schedule the same as this semester.

I prefer scheduling for:

☐ M/W mornings 9-12

Exact Time preferred:

☐ M/W afternoons 2-6

Exact Time preferred:

☐ T/TH mornings 9-12

Exact Time preferred:

☐ T/TH afternoons 4-6

Exact Time preferred:

# UCA SLHC Registration Requests Fall 2025

*(Client keeps for their records)*

## My Chosen Scheduling Preferences

☐ Keep my schedule the same as this semester.

*I prefer scheduling for:*

☐ M/W mornings 9-12

*Exact Time preferred:*

☐ M/W afternoons 2-6

*Exact Time preferred:*

☐ T/TH mornings 9-12

*Exact Time preferred:*

☐ T/TH afternoons 4-6

*Exact Time preferred:*

## Important Dates

Wednesday, September 3, 2025	<b>First day of therapy</b>
Thursday, October 16, 2025	Clinic Closed for Fall Break
Thursday, November 20, 2025	<b>Last day of therapy</b>

## 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.*