

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

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

# UCA SLHC Registration Form SUMMER 26

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 if possible.*

*I'm taking a break for the summer. Hold for Fall 2026.*

I prefer scheduling for:

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