

Drescher and Associates Clinical Services, LLC
3454 Oak Alley Court, Suite 501
Toledo, OH 43606
(p) 567.218.0185 (e) dacstoledo@gmail.com

Dear Parent,

You have expressed interest in having a therapist from Drescher and Associates Clinical Services meet with your child during the school day at Clay High School. A therapist will reach out to you to review services and to provide electronic consent forms. Before we begin, please provide some basic information about your child and yourself.

Student:

Name: _____

Age: _____

Grade: _____

Date of Birth: _____

Parent(s):

Name(s): _____

Email address: _____

Cell Phone(s): _____

Date(s) of Birth: _____

Insurance Carrier: _____

Group Number: _____

Member Number: _____

Address (one on file with insurance): _____

Thank you for the information. A therapist will reach out to you shortly. If you have questions or would like to speak to somebody sooner, please call (567) 218.0185 or email dacstoledo@gmail.com.