

Today's date:	-
Client information:	-
First name	-
Middle initial	-
Last name	-
Address	-
City	-
State	-
Zip code	-
Email address	-
Home phone	-
Work phone	-
Mobile phone	-
FAX	-
Birth date	-
Gender (M or F)	-
Marital Status	-
Parent/Guardian 1 information:	
First name	-
Middle initial	-
Last name	-
Address	-
City	-
State	-
Zip code	-
Email address	-
Home phone	-
Work phone	-

Mobile phone	-
FAX	-
Parent/Guardian 2 information:	
First name	-
Middle initial	-
Last name	-
Address	-
City	-
State	-
Zip code	-
Email address	-
Home phone	-
Work phone	-
Mobile phone	-
FAX	-

Insurance information:	
Insurance company	-
ID number	-
Group number	-
Insurance company address for claims	-
City	-
State	-
Zip code	-
Insurance company claims phone number	-
Number of sessions allowed per year	-
Copayment per session	-
Person responsible for payment:	
First Name	-
Last Name	-
Address	-
City	-
State	-
Zip code	-
Phone	-
Employer	-
Birth date	-
Gender (M or F)	-
Client's relationship (child, self, spouse)	-

Health information:	
Date of last hearing exam	-
Hearing exam results	-
Referred by	-

Physician's name	-
Physician's phone number	-
Dentist's name	-
Dentist's phone number	-
Orthodontist's name	-
Orthodontist's phone number	-
What are your speech-language concerns?	-
Please list in detail any medical conditions that may be related to this concern: (ex: ear infections, surgery, etc.)	-
Has the client ever received any speech-language, physical, occupational or other therapies? Please list service provider names, phone numbers, and dates of service.	-
Other information/comments?	-
How did you hear about Jackie Myland & Associates?	
Insurance company provider directory	-
Yellow pages	-
Google search	-
Referred by friend	-
Referred by physician	-
Referred by dentist/orthodontist	-
Referred by school	-