

New Client Information

Date: _____

Client Name: _____ Date of Birth: _____

Address: _____ Age: _____ Gender: _____

_____ Home Phone: _____

Client Cell Phone: _____ Client E-mail: _____

If Client is a minor:

Child Lives With: Both Parents ___ Mother ___ Father ___ Guardian: _____

If Divorced, who has custody? Joint ___ Mother ___ Father ___ Other: _____

***** The following section must be completed ENTIRELY, unless prior authorization has been given to you from your speech-language pathologist. Failure to do so may cause a delay in the processing of your account*****

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

E-mail _____

E-mail _____

Date of Birth: _____

Date of Birth: _____

Social Security No.: _____

Social Security No.: _____

Emergency Contact: Father ___ Mother ___ (please completely fill out phone numbers above)

Other Emergency Contact: _____ Relation _____

Home phone: _____ work: _____ cell: _____

By signing below, I am indicating that

- I have the legal right to make decisions regarding my child's speech and language evaluation and treatment.
- I accept financial responsibility for all services requested and provided by Shontaye J. Glover of Having Our Say Speech & Language Services, LLC.

Parent/Guardian Name (print please) _____

Signature: _____ Date: _____

If Shared Custody:

Other Parent's Name (please print): _____

Signature: _____ Date: _____