



Center for Speech, Language and Learning, Inc.

Registration Information- Adult

Name:		Date:
Date of Birth:		Age:
Address:		
City:		State/Zip:
Email address:		
		DOB:
Address:		
City:		State/Zip:
Home Phone:		Cell Phone:
Place of Employment:		Work Phone:
Education:		
Parent: (if dependent)		DOB:
Address:		
City:		State/Zip:
Home Phone:		Cell Phone:
Place of Employment:		Work Phone:
Education:		
INSURANCE INFORMATION:		
Primary Insurance Company:		Group Number:
Policy Holder:		ID Number:
Employer		
Secondary Insurance Company:		Group Number:
Policy Holder:		ID Number:

REGISTRATION INFORMATION CONTINUED

Primary Care Physician:	
Address:	
Phone Number:	
Fax Number:	
*please list other physicians involved in your care as applicable to your current concerns:	
Who may we thank for this referral?	
List names and ages of family members in household:	
What are your concerns at this time?	
How long has this been of concern to you?	
Have you had evaluations done by other professionals? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list when and by whom:	
Would you provide copies of those reports, if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received therapy for your current concerns, either as a child or adult?	

Would you like information on community resources? Yes No

Do you currently work with a social worker or case manager, and if so, would you provide their name(s) and permission to contact them? Yes No

Name and contact information: _____

REGISTRATION INFORMATION CONTINUED

Please list other individuals who are involved in taking care of the patient, such as spouse or caregiver, with whom you authorize **Center for Speech, Language and Learning, Inc.** to discuss the patient's treatment or release child into the care of in case of emergency.

NAME: _____

RELATION TO PATIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (_____) _____ EVE PHONE: (_____) _____

CELL PHONE: (_____) _____ EMERGENCY CONTACT: ___ YES ___ NO

HOW DID YOU HEAR ABOUT US?

_____ Phonebook

_____ Website

_____ Friend

_____ Doctor

_____ Other