good talking people LLC

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Client Information Profile

Today's Date:_____ Client ID#:_____

Client's Name:_____D.O.B.:_____Age:_____

Address:_____City:_____State:_____Zip:_____

Home Telephone:_____Cell Phone:_____

Business Phone#_____E Mail Address:_____

Parents/Guardians:_____Relation to Client:_____

School Attending:_____City:_____Grade:_____

Physician:_____Address:_____

Phone:_____Referred by:_____

***In case of emergency, please contact*:**

Name:_____Phone(s):_____Relation to client_____

Name;_____Phone(s):_____Relation to client:_____

Name, address, telephone number of nearest relative not living at the same address: _____

_____

Would you like us to contact other therapists, doctors, teachers, etc?_____

I, _____, hereby give permission to Good Talking People to release speech language reports, progress notes and records for _____ to the below mentioned agents/agencies: (please include complete name and address). I understand that I am able responsible to inform Good Talking People if there is a change in who is authorized to receive records.

_____

_____

_____.

_____ _____ _____

Signature (Parent/Legal Guardian if client is a minor) Relationship Date