

Chie Boyer, speech therapist MA, CCC-SLP accentedspot@hushmail.com (580) 360-3100 x 100

Adulthood speech-language patient information

Welcome to my therapy room! Please fill out the following information. They help decide what you need and save time. If you don't remember for sure, don't worry.

Legal name _							
0	first	middle initial	last				
Preferred nam	ie						
Date of birth _	mm/dd/yyyy	Age	Gender M F non-	binary			
Mailing addre	ess						
0	street	address or P.O.Box	unit/apt #				
	,						
City	S	itate	zipcode				
Address at which to participate in therapy							
	street	address	unit/apt #				
City	′ _	itate	zipcode				

*for your privacy, please avoid public locations where you may be overheard.

Contact person							
first	last						
Relationship to patient							
Phone number	cell landline other please circle						
Emergency contact name	first last						
*Please select a person who is able to provide accurate and up-to-date health information with emergency medical personnel. When it is not possible, Chie recommends you have an information sheet ready displayed at a conspicuous location.							
Relationship to patient							
Phone number	cell landline other please circle						
*Chie will contact the emergency person only when the patient's physical safety is threatened for any reason, such as sudden and incapacitating illness or unforeseen catastrophic events.							
0 /							
dispatch (the local number it o specify)	Iocal police fire station emergency connects to when you call 911), other (please						
PC system type and mode	l						

Primary Insurance if filing _____

address		city	state			
web address		phone number				
Main complaint						
chronic speed sound d	lisorders					
accent modification	English	Japanese	please circle one			
speech clarity issues						
stuttering or other flue	ncy					
rehabilitation after brain injury for aphasia, cognition, etc.						

or

please check all that apply

- always had hard time pronouncing certain sounds please specify which ones _____
- people don't understand me with my accent
- people understand me most of the time but I want to improve it
- people always understand me but I want to improve it for business or personal reasons
- stuttering age when it started _____
- speech is slurred after brain injury or chronic illness
- hard to make sentences after brain injury or chronic illness
- hard time finding words after brain injury or chronic illness
- hard time understanding other people after brain injury or chronic illness
- other please describe _____

Past medical diagnoses

native language(s) ______

conditions or diseases since birth _____

- traumatic brain injury ______
- age when it started ______
- neuromuscular diseases ______
- dementia
- stroke
- mouth and/or throat cancer
- mouth and/or throat surgery
- traumatic injuries to neck and face
- hearing loss
- exposure to loud sounds

Applying for discount?

- senior citizen
- veteran
- Iow income
- unsupported student
- military

*please provide a copy of the W2

Anything else I missed? _____