



ABC Speech and Language Therapy, Inc.
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New Client Form

Thank you for allowing ABC Speech and Language Therapy, Inc. to help meet your child's communication needs. I realize there are many options from which to choose and I appreciate the opportunity to assist you with this important process.

The attached New Client Form packet includes important information about my practice including insurance, financial and privacy policies. Please take time to fill out as much information as possible regarding your child's developmental history as this information can be vital to the direction of the therapy plan. I understand that these forms can be time consuming; however it is important that I have as much information as possible. The information that you provide will help in implementing an Individualized plan for your child. **If your child has had any recent evaluations completed by other health professionals or has an IEP, please provide copies of these to ABC Speech and Language Therapy, Inc.**

Name: _____ Date of Birth _____
Address: _____
Parent/Guardian Name: _____
Home#: _____ Cell#: _____ Work # _____
Email address: _____
Parent/Guardian Name: _____
Home#: _____ Cell#: _____ Work # _____
Email address: _____
Pediatrician: _____ Phone# _____
Name of Child care facility/School: _____

Achieving Better Communication
