Northeast Hearing & Speech
hear • speak • communicate

75 West Commercial Street, Suite 205
Portland, Maine 04101
Voice/TTY: 207/874-1065
Fax: 207/874-1068

CHILD CLIENT DATA SHEET

DATE: _____

CHILD'S NAME: _____
First Name MI Last Name

DATE OF BIRTH: _____ **GENDER:** ☐ Male ☐ Female

PARENT/GUARDIAN 1: _____
Name Place of Employment

PARENT/GUARDIAN 2: _____
Name Place of Employment

ADDRESS: _____
Street City State Zip Code

PARENT/GUARDIAN'S PHONE: _____
Home Work Cell

EMAIL ADDRESS: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

Relationship to child: _____

If the child is in foster care, please list the DHHS case manager's name and office: _____

_____

REFERRED BY: _____ **REASON FOR REFERRAL:** _____

PRIMARY CARE PHYSICIAN: _____
Name of Practice/Location/phone #: _____

IF Child Development Services (CDS) REFERRED YOU FOR THIS APPOINTMENT, CASE MANAGER'S NAME AND SITE LOCATION: _____

BILLING INFORMATION: ***Please bring your insurance card(s) and ID to the appointment.***

Primary Insurance Company and Certificate Number: _____

Secondary Insurance Company and Certificate Number: _____

Person Responsible for payment after insurance Name/Address/Phone #: _____

_____

PLEASE COMPLETE PAGE 2

Please initial the following statements and sign:

_____ I authorize release of medical information necessary to process any insurance claims. I also authorize assignment of benefits to Northeast Hearing and Speech and agree to pay any balance not covered by my insurance.

_____ I understand that written reports may be sent to me, physicians, Child Development Services, and educational programs involved in my child's ongoing care.

_____ I have reviewed Northeast Hearing and Speech's Notice of Privacy Practices (HIPAA policies). I understand that I may request a copy.

_____ Date: _____

Signature of Parent / Legal Guardian (circle one) **If you are neither, please advise office staff.**

Please also send written reports to:

Name/Practice and Address: _____
_____
_____

Name/Practice and Address: _____
_____
_____