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#### CLIENT DATA

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form Completed by: \_\_\_\_ Parent \_\_\_\_ Guardian \_\_\_\_ Grandparent \_\_\_\_ Other \_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Please indicate preferred number with a \*)

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave messages on these numbers regarding appointments? \_\_\_\_ YES \_\_\_\_ NO

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Lives With: \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Grandparent \_\_\_\_ Other \_\_\_\_

#### CUSTODY

Is there a current court order concerning this child? \_\_\_\_ Yes \_\_\_\_ No

#### PLEASE READ AND SIGN THE FOLLOWING

I give permission for Children's Speech Therapy Services, LLC to evaluate and treat my child.

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_