

**UNIVERSITY OF NEW MEXICO SPEECH-LANGUAGE AND HEARING CENTER
(UNM-SLHC)**

CLIENT INFORMATION (3-28-19)

Client Name _____ **Date Form Completed** _____

Birthdate _____ **Gender** _____ **Parent/Caregiver Name (if applicable)** _____

Street Address _____

City _____ **State** _____ **Zip** _____ **Email** _____

Cell # _____ **Home #** _____ **Work #** _____

Preferred Method of Contact (circle one): **Email** **Cell #** **Home #** **Work #**

Emergency Contact:

Name _____ **Relationship** _____ **Phone** _____

Other parties authorized to pick up client (if applicable):

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Person Responsible for Session Fees _____ **Relationship** _____

Primary Medical Insurance _____

Secondary Medical Insurance (if applicable) _____

Medicare Eligible* : _____ **Yes** _____ **No**

*Medicare Eligible if 65 years and over and a US Citizen. If under 65 Years, the Social Security Administration has verified a permanent disability and individual has received disability benefits from Social Security for a minimum of 24 months.

Medicare Beneficiary* _____ **Yes** _____ **No**

*If no, client is not receiving any Medicare benefits or supplements.

Medicaid Registered: _____ **Yes** _____ **No**

Ethnicity (optional): _____ **Hispanic/Latino** _____ **Not Hispanic/Latino**

Race (optional): _____ **White** _____ **Black/African American** _____ **American Indian/Alaska Native**
_____ **Asian** _____ **Native Hawaiian/Other Pacific Islander** _____ **Multiracial** _____ **Other** _____

Primary language(s) spoken in the home _____

Does the client evidence significant emotional and/or behavioral concerns? _____ **Yes** _____ **No**

If yes, please describe: _____

Is the client being seen by a mental health professional? _____ **Yes** _____ **No**

Updates/changes to above information ⇨

Date _____ **Change** _____

Date _____ **Change** _____

Date _____ **Change** _____

Date _____ **Change** _____

Date _____ **Change** _____