

Hearing, Speech & Deafness Center

CLIENT INFORMATION FORM

Today's date _____

Please check all HSDC services the client is receiving:

- Audiology & Hearing Aids Speech, Language & Literacy Deaf & Hard of Hearing Services
 Parent-Infant Program (PIP) Behnke Preschool

A. CLIENT / FAMILY INFO

CLIENT (who receives HSDC services; if the client is a child, write the child's name)

Last name _____ First _____ Middle _____

I have filled out this form previously and have no changes

Address _____ City _____ State _____

Zip _____ County _____ Email _____

Phone (home/cell) _____ TTY VP (work/other) _____ TTY VP _____

OK to leave phone messages concerning: Appointments? _____ Medical info? _____

Date of birth (MM/DD/YYYY) _____ Gender: Female _____ Male _____

Marital/Partner status _____ Spouse/Partner's name _____

Employer _____ Phone _____

Do you need an interpreter? No _____ Yes (language) _____

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RESPONSIBLE PARTY (if different from client)

Relationship to client _____

Last name _____ First _____ Middle _____

Address _____ City _____ State _____

Zip _____ Email _____

Phone (home/cell) _____ TTY VP (work/other) _____ TTY VP _____

Authorized to pick up child? Yes No

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EMERGENCY CONTACT

Relationship _____ Last name _____ First _____

Phone (home/cell) _____ TTY VP (work/other) _____ TTY VP _____

B. PAYMENT INFO

PERSON, INSURANCE, OR AGENCY RESPONSIBLE FOR PAYMENT Check all that apply.

____ 1. Self-pay (client, parent, etc.)

____ 2. Private insurance

Primary insurance

Secondary insurance

Insurance Co. _____

Insurance Co. _____

Policy Holder _____

Policy Holder _____

Subscriber # _____

Subscriber # _____

____ 3. Medicare: ID # and letter _____

____ 4. DVR

____ 5. L&I: Claim # _____

____ 6. DSHS / Medicaid: ProviderOne Client ID # _____

____ 7. Parent-Infant Program (PIP)

____ 8. Preschool Scholarship

____ 9. School District

____ 10. Other _____

C. REFERRAL INFO

PRIMARY DOCTOR OR HEALTH CARE PROFESSIONAL

Name _____ Clinic name _____

Address _____ City/State/Zip _____

Phone _____ Did this provider refer you to HSDC? Yes ____ No ____

If no, how did you find out about HSDC? _____