

Memphis Speech and Hearing Center
Client Demographic Information

File #: _____

Date: _____

Please complete all of the information on both sides of this form.

Client Information:

Name: _____
Last First M.

Address: _____
Street City State/Zip

Phone: _____
Home Cell Work

E-mail: _____ Date of Birth: _____ SS#: _____

Marital Status: Single Married Widowed Divorced Other

Gender: Male Female

Race/Ethnicity: Black White Hispanic Asian Native American Biracial
 Other _____

Client Status: Full-time Student Part-time Student Employed Un-Employed/Retired

Religious Affiliation: _____

Primary Physician: _____ Phone: _____

Address: _____
Street City State/Zip

Spouse or Parent/Legal Guardian:

(Legal guardian and/or custodial parent will need to provide documentation to verify)

Parent 1

Name: _____
Last First M.

Address: _____
Street City State/Zip

Phone: _____
Home Cell Work

E-mail: _____ Marital Status: Married Single Separated Divorced

Parent 2

Name: _____
Last First M.

Address: Same as Parent 1
Street City State/Zip

Phone: _____
Home Cell Work

E-mail: _____ Marital Status: Married Single Separated Divorced

