

BLISS SPEECH AND HEARING SERVICES, INC.
12700 HILLCREST ROAD, SUITE 207
DALLAS, TEXAS 75230

ADULT CASE HISTORY

PLEASE PRINT AND COMPLETE ALL ENTRIES

PATIENT NAME: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____

ADDRESS: _____

HOME PHONE NO: (____) _____ EMAIL ADDRESS: _____
city state zip

EMPLOYER: _____ BUSINESS PHONE NO: (____) _____

BUSINESS ADDRESS: _____ OCCUPATION: _____

SPOUSE'S NAME: _____ AGE: _____ SS# _____ DL# _____

EMPLOYER: _____ BUSINESS PHONE NO: (____) _____

BUSINESS ADDRESS: _____ OCCUPATION: _____

NEAREST RELATIVE NOT LIVING WITH YOU: _____ PHONE NO: (____) _____

NEAREST FRIEND NOT LIVING WITH YOU: _____ PHONE NO: (____) _____

REFERRED BY: _____

REASON FOR REFERRAL: _____

PHYSICIAN (FAMILY DOCTOR): _____ PHONE NO: _____

WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?: _____

I WILL BE PAYING TODAY BY: CASH CHECK CREDIT CARD TODAY'S DATE: _____

INSURANCE INFORMATION

PRIMARY INSURANCE NAME: _____ PHONE NO: (____) _____

ADDRESS: _____

NAME OF INSURED: _____ RELATIONSHIP TO PATIENT: _____
city state zip

DATE OF BIRTH: _____ ID NO: _____ GROUP NO: _____