Bliss Speech and Hearing Services, Inc.
12700 Hillcrest Road, Suite 207 · Dallas, TX 75230-2068
Phone: (972) 387-2824 • FAX: (972) 387-9097 • www.blissspeech.com

CHILD CASE HISTORY

PLEASE PRINT AND COMPLETE ALL ENTRIES

CHILD'S NAME:______________________________DATE OF BIRTH:__________AGE:________SEX:____

ADDRESS:____
city state zip

HOME PHONE NO: (____)___________________PARENT EMAIL ADDRESS:__________________________

FATHER'S NAME:______________________________________AGE:_____ DL#______________________

ADDRESS (if different from child):____
city state zip

PHONE NO (if different from child): (____)_________________CELL PHONE: (____)_____________________

EMPLOYER:________________________________BUSINESS PHONE NO: (____)_______________________

BUSINESS ADDRESS:____________________________________OCCUPATION:______________________

MOTHER'S NAME:______________________________________AGE:_________ DL#___________________

ADDRESS (if different from child):____
city state zip

PHONE NO (if different from child): (____)_________________CELL PHONE: (____)___________________

EMPLOYER:________________________________BUSINESS PHONE NO: (____)___________________

BUSINESS ADDRESS:____________________________________OCCUPATION:______________________

EMERGENCY CONTACT (Different from individuals listed above): _______________PHONE:(___)_______________

PEDIATRICIAN (FAMILY DOCTOR):________________________PHONE NO:__________________________

WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?:____

REFERRED BY:____

REASON FOR REFERRAL:____

INSURANCE INFORMATION

PRIMARY INSURANCE NAME:____________________________PHONE NO: (_____)________________

ADDRESS:____
city state zip

NAME OF INSURED:_________________________RELATIONSHIP TO PATIENT:___________________

DATE OF BIRTH:_____________ID NO:________________________GROUP NO:_________________