Nancy Sims, M.A., CCC-SLP
Certified Speech-Language Pathologist

357 S. McCaslin Blvd., Suite 200
Louisville, CO 80027

Office: 303-544-2180
Cell: 720-308-5426
Fax: 303-544-2187

www.NancySims.net
nancy@nancysims.net

CLIENT/FAMILY INFORMATION

Client: ______________________ Today's Date: ______________

Date of Birth: ______________________

Sex: ☐ Male ☐ Female

Preferred contact method:

☐ Home Phone: ______________________

☐ Work Phone: ______________________

☐ Cell Phone: ______________________

☐ E-mail: ______________________

Address: ______________________

City: ______________________ State: __________ Zip: __________

Social Security Number: ______________________

Parent's Name(s): ______________________

Parent/Spouse's Employer(s): ______________________

Primary Care Physician's Name: ______________________

Primary Care Physician's Address: ______________________

City: ______________________ State: __________ Zip: __________

Person Responsible for Payment: ______________________

Address (if different from patient address): ______________________

Phone number (if different from patient phone): ______________________

How did you hear about this practice?

☐ Doctor

☐ Friend/Family Member

☐ Self

☐ Other