



**NEW CLIENT REGISTRATION – FORM 1 of 4**

**PEDIATRIC THERAPY REGISTRATION/HEALTH INSURANCE BILLING FORM**

Welcome and thank you for contacting Hanh Phan Speech & Occupational Therapy Inc. Please print, complete and email all forms below to [hanhphanstotclinic@gmail.com](mailto:hanhphanstotclinic@gmail.com) or mail it to our clinic, Hanh Phan Speech & Occupational Therapy, Inc. located at 6116 Camino Verde, Suite 11, San Jose, CA 95119. Please also provide a copy of your insurance card (front and back).

**Date:** \_\_\_\_\_

**Child Demographic Information**

Child's Name:

Date of Birth:

Gender:

Insurance Co:

Insured ID:

Group #

Insurance Phone number:

Employer:

Occupation:

Address:

City, State, ZIP

Referred by:

School

Grade:

Mother's Name:

Mother's Email:

Father's Name:

Father's Email:

Home Phone:

Mother's Cell:

Father's Cell:

May we identify ourselves and leave a message at all of your listed phone numbers and email address?



In case of an emergency whom should we contact?

Name:

Relationship:

Home #:

Mobile #:

Work #:

**Pregnancy & Birth History**

Was there any illnesses, injuries or other complications during your pregnancy?

Was oxygen or respiratory assistance required after birth? If yes, please explain.

**Medical History**

Has your child experienced any of the following (Please check all that apply)?

Cleft Palate/Lip       Vision Problem       Seizures  
 Frequent Ear Infection or fluids in the ears       PE Tubes (If so, when) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is your child currently taking any medication? If yes, please list

Does your child have any known allergies? If yes, please list



Has your child's hearing been evaluated recently? If yes when and what was the result.

What are the primary concerns that you have about your child? Please explain.

Has your child been diagnosed with any medical condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please explain and state when the diagnosis was made.

Have you or your pediatrician noted any delays in reaching major age skills such as moving, playing, communicating, self-care? Please explain.



Have you noticed the differences compared with other children in the areas of play, self-care and socializing? Please explain.

How long have you been noticing these problems? What strategies or techniques have you been trying independently?

Please list any special devices that help your child in his/her daily routine?

Please list all therapies or special education programs that your child attended or is currently receiving.

Is there any known history of the following in the immediate or extended family?

\_\_\_\_\_ Autism/PDD

\_\_\_\_\_ ADHD

\_\_\_\_\_ Learning Disabilities

\_\_\_\_\_ Hearing Loss

\_\_\_\_\_ Stuttering

\_\_\_\_\_ Speech/Language Delay



**HANH PHAN SPEECH & OCCUPATIONAL THERAPY INC.**

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