WHO WE ARE

We are a teaching clinic for students who are preparing for care draining for Care d

CALIFORNIA STATE UNIVERSITY, EAST BAY Department of Speech, Language, and Hearing Sciences Norma S. and Ray R. Rees Speech, Language and Hearing Clinic

510/885-3241

DATE OF REQUEST: / /

Client First Name:

Client Last Name:

Date of birth: _____/

Has the prospective client had any previous speech, language or hearing <u>evaluations</u> or treatment?YesNo

If YES, do you have a copy of the most recent IEP or medical report? ...Yes ...No

If you checked "Yes" above, please provide a copy of the IEP or medical report. If you checked "No" above, please complete the Authorization for Release of Information form included with this application (page 4), and we will request the report(s) on your behalf. Your application will not be able to be processed without these documents . Additionally, please provide the information below:

	Provider	Dates of Service	Outcome/Recommendations
Evaluation Treatment			

Does the client have a history of chronic ear infections or any chronic illnesses related to hearing or the ear? ...No ...Yes – Please provide details below:

Is there any family history of communication difficulties? ... No ... Yes – Please provide details below:

Please add any information you feel is important. Examples include details on previous diagnoses such as autism or stroke, details on medical history, social skills/challenges, educational history, etc.

	Medical Information				
	Primary Doctor:		Phone:		
	Private Practice orFacility – Name:	·			
	Address:				
	Does a specialist care for the client? (e.g., neurologist, ENT specialist?)NoYes; see below				
	Name:	Area of Spe	ecialty:		
1.652	652 0% c00 5555 d Miel 256 ja 26 (201) Zip 20 (201) Zip 2		e o		-

Early developmental milestones (please check)		
School history		

Norma S. and Ray R. Rees Speech, Language and Hearing ClinicThe Department of Speech, Language, and Hearing Sciences25800 Carlos Bee Boulevard, MB 1099Hayward CA 94542-3065Telephone: (510) 885-3241Fax: (510) 885-2186Email: clinic@csueastbay.edu -w -28