SPEECH THERAPY ASSOCIATES

14455 SW Allen Boulevard, Suite 100
Beaverton, OR 97005
Phone: 503-646-0837   FAX: 503-643-5057

Patient Information Today's Date: __________________

Patient Name: ________________________________ Date of Birth:____________

Parents/Guardians 1)_________________________ 2)_____________________

Address:

____
Street *City* *Zip*

Phones:
1)_________________________(home, work cell?)

2)_________________________(h w c?)

3)_________________________(h w c?)

email:____________________________

Insurance Carrier:	
Member ID:	
Phone:	
Group#:	