

# UNIVERSITY OF CENTRAL MISSOURI™

## Welch Schmidt Center for Communication Disorders

### Client Schedule

Semester:  Fall  Spring 201\_\_\_\_

Date \_\_\_\_\_  New  Returning

Name \_\_\_\_\_  
(last) (first) (middle)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F  
MONTH DAY YEAR

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (H/W/C) Alt. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (H/W/C)

e-mail address: \_\_\_\_\_

Cross out hours that you **COULD NOT** attend the Center for Communication Disorders

	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

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#### For Office Use Only

Current clinician \_\_\_\_\_

Current Supervisor \_\_\_\_\_

DX \_\_\_\_\_

Recommendations: \_\_\_\_\_

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New Assignment \_\_\_\_\_

Supervisor \_\_\_\_\_

Severity (Circle one) Mild Moderate Severe
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