UNIVERSITY OF FLORIDA SPEECH AND HEARING CLINIC
CLIENT CONTACT SHEET

Client's Name: _____ File #:_____

Date	Contact: Please keep this form up to date. Note all important dates during therapy or at the time of evaluation.

Contact Sheet

The contact sheet should be stapled to the inside front cover of the client's file. Please make notations on the contact sheet about any contact with or about the client. For example:

3/14/04 Called client to remind him of evaluation tomorrow
3/15/04 Client seen for speech/language evaluation
3/17/04 Called child's pediatrician re history of ear infections

Date all notations, and sign your 1st initial and last name.

Put the file in the appropriate box for re-filing by the office staff.