

Adult Intake Form

Client Information

Legal Name	Name you go by (if different)
Street Address	DOB
City, Zip:	

Parent/Guardian Information (if applicable)

Name	Name
Relationship	Relationship
Occupation	Occupation
Best method of contact?	Best method of contact?
Phone/Text	Phone/Text
Email	Email

Emergency Contact Person: _____
 Phone: _____
 Relationship to child: _____

Physician Name: _____
 Practice Name: _____

Insurance (please attach cards or present for copies)

Primary Insurance: _____
 Policy Number: _____ Group Number: _____
 Policy Holder (if other than client): _____ Date of Birth: _____

Secondary Insurance: _____
 Policy Number: _____ Group Number: _____
 Policy Holder (if other than client): _____ Date of Birth: _____

Client History

Have you experience a recent hospitalization? Yes No
If so, for what reason?

Are you taking any medication? Yes No
If so, type and dose?

Please circle any existing diagnoses **given by a medical professional** (doctor, psychiatrist, psychologist, speech-language pathologist, audiologist, occupational therapist, physical therapist, etc.)

Autism	Emotional Disorder	Recurrent Ear Infections	Seizures
ADHD or ADD	Genetic Syndrome	Recurrent Fevers	Cleft Lip
Allergies	Hearing Impairment	Vision Problems	Cleft Palate
Dyslexia	Cognitive Impairment	Learning Disability	Other:

Additional Information about any of the above diagnoses:

Have you had a hearing screening or evaluation? Yes No
Was it normal? Yes No
If not, please explain _____

Where do you primarily spend your day? (Circle one)

Work (what is your job?): School Home

Other _____

Is English your primary language? Yes No

If not, which is your primary language?

Do you currently receive any speech therapy services, either at home, in a clinic, or in the outpatient setting? Yes No

If so, please explain:



ADDITIONAL COMMENTS

Below please write any additional comments you feel would help us get to know you better (strengths, behaviors, interests, dislikes, etc.):

Please briefly explain why you are seeking an evaluation and your chief concerns:

Have you pursued treatment for this issue in the past? If so, explain.

What is your goal for pursuing speech therapy?