INFINITE SPEECH
THERAPY SOLUTIONS

Intake Form / History

Name of Person Completing this Form: _____

Relationship to Client: _____

Client's Name: _____

Date of Birth: _____Age:_____

Address: _____

City, State, Zip: _____

Phone:_____ Alternate Phone Number: _____

Email:_____

If under 18, name of parent/guardian: _____

Emergency Contact Name: _____

Permission to Contact: ☐ Yes ☐ No

Emergency Contact Phone Number: _____

Referring or Family Physician: _____

Other Physicians / Specialists Involved In Care: _____

How did you hear about us?

_____

<u>Current Status</u>

Date of onset or diagnosis (if known): _____

Please describe your communication, cognitive, and/or swallowing issue:

_____

_____

_____

If known, what is the cause of your communication, cognitive, and/or swallowing issue: _____

_____

Has the problem improved or gotten worse since it was first noticed? Please describe.

_____

_____

Have you ever seen any other speech-language pathologists for evaluation or treatment?

☐Yes ☐No By whom: _____ When:

_____

Describe the results or suggestions:

_____

_____

_____

<u>Background & History</u>

Describe any pertinent information regarding your medical history (birth injuries, abnormalities, surgeries, diagnoses, etc.) as well as when they were diagnosed:

_____

_____

_____

_____

_____

_____

Have you ever been hospitalized for a related issue? ☐ Yes ☐ No

Please describe: _____

Previous Medical History:

Check and describe all that apply:

☐Stroke / TIA Date(s): _____

☐Head injury Date(s): _____

☐Respiratory Issues

☐Cancer

☐Cardiac issues

☐Encephalitis

☐PEG tube

☐Pneumonia

☐Seizures

☐Hypertension

☐Hearing Loss

☐Other Describe: _____

Have you ever seen any other specialists? Check all that apply:

☐ Neurologist ☐Otolaryngologist/ENT ☐Gastroenterologist (GI)

☐Audiologist ☐Physical Therapist ☐Occupational Therapist

☐Psychologist ☐Psychiatrist

If yes, please describe the nature of the evaluation and any pertinent results:

_____

_____

_____

What information do you hope to obtain from this evaluation?

_____

_____