

Speech, Language, & Hearing Clinic Intake Form

First Name _____ Last Name _____

Client Date of Birth _____

Gender _____ Race _____ Ethnicity _____

Primary Language Spoken in Home _____

Client Contact Info

Cell Phone _____ Home Phone _____

May we leave messages or information on voicemail or answering machine? Yes / No _____

Email _____

Address _____ State _____ Zip Code _____

Family Contact 1 (if different than above)

Name _____

Phone _____ Email _____

Relationship to client _____

Address _____

Family Contact 2 (if applicable)

Name _____

Phone _____ Email _____

Relationship to client _____

Address _____

Emergency Contact

Name _____

Relationship _____

Phone _____ Is this person authorized to pick up if needed? _____

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Allergies/Alert/Medical Issues

Any Medical concerns that we should be aware of: Some examples include food allergies, seizures, tracheostomy, diabetes, high or low blood pressure, fainting, etc. **Yes/No, if yes, please list all.**

Any Feeding Precautions: _____

Are you willing/able to do Telehealth from home? Yes / No

Would you like more information? Yes / No

Any history of aggressive behavior toward any therapist/teacher/peer?

Yes/No, Protocols: If yes, please explain.

How did you hear about us? And/or Referral Name _____

Do you have transportation to clinic? Yes / No

Do you rely on Rideshare transportation? Yes / No

Diagnoses/Areas of Concern

List any medical or educational diagnoses the client may have (e.g. aphasia, autism, cognitive disability, etc.)

What is the concern and reason for seeking our services (evaluation, treatment, both?)

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Select all of the following concerns that apply

- | | |
|---|--|
| <input type="checkbox"/> Feeding/Swallowing | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Language | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Learning/Cognition | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other |

Scheduling

Is client available during morning/day? _____

School age or summer only? _____

Homeschooled? Yes / No

Thank you for filling out the Intake Form for the Speech, Language and Hearing Clinic. Your form will be processed and the client will then be placed on a Waitlist for future services. Someone will reach out to you if more information is needed or space opens up on the Waitlist. Waitlist applicants are evaluated prior to the Spring, Summer and Fall sessions. Please call 262-243-2134 if you have any questions.

After completion, save the file, and email the saved file as an attachment to SIH.Clinic@cuw.edu, with "APPLICATION FOR SERVICES" in the subject line.