ENGAGED
SPEECH & LANGUAGE THERAPY

CLIENT INTAKE FORM

General Information:

Name of person completing form:	
Relationship to child:	
Child's Name:	
Child's DOB:	
Reason for seeking speech & language therapy services:	

Contact Information:

Address:	
Primary Contact Name / Relationship:	
Primary Contact Phone Number:	Is text messaging ok? Y / N
Primary Contact E-mail:	
Secondary Contact Name / Relationship:	
Secondary Contact Phone Number:	
Secondary Contact Email:	Is text messaging ok? Y / N

Therapy / School Information

Name of school / daycare:	
Services received at school:	
Private therapy child attends currently:	
Previous therapy child has attended:	

Medical / Developmental Information

Diagnosis that the child has received: (ADHD, Autism, etc.)	
Medical conditions:	
Medications child currently takes:	

Hearing / Vision status:	Hearing tested: Y / N Results: Vision tested: Y / N Results:
Past / Current Developmental Concerns: (if you mark "yes", please explain)	Gross Motor Skills: Y /N Fine Motor Skills: Y/ N Social Concerns: Y /N Behavior Concerns: Y / N Feeding Concerns: Y / N

Referral / Insurance Information

Referring Physician & Practice Name:	
Insurance Name: (if not billing insurance disregard)	
Name of Insured:	
ID Number:	
Group Number	