



**New Patient Intake**

Date of Intake: \_\_\_\_\_

Person completing Intake: \_\_\_\_\_ (initial)  Evaluation Scheduled  Added to Waitlist  Interpreter Request

What services are you seeking?  **Speech and Language**  **Occupational Therapy**

**Patient Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

What is the child's primary language (they understand and/or speak)? \_\_\_\_\_

Any other languages, other than English spoken in the home? \_\_\_\_\_

Is an interpreter needed for the evaluation? Yes No For whom? Parent/Caregiver Child Both

**Health Insurance Information**

Health Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Secondary Health Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Additional Information**

**Does the child have any medical diagnoses?** (e.g. Autism, ADHD )  yes  no

If **Yes**, list here \_\_\_\_\_

**If No, Are you concerned if your child has Autism?**  yes  no

If **Yes**, please state "Please know we are not able to diagnose Autism here in our clinic; however, our speech therapists can do Autism screeners and refer out for a diagnosis if needed."

**Notes:**

**Have you had a medically based (not school based) speech or OT evaluation done with the last 6 months?**  yes  no

how long ago? \_\_\_\_\_ (if less than 6 month they can send to see if need eval if not school related)

**Does your child currently receive any other therapy services?**

School services  ABA  Physical therapy  Counseling/Mental Health  Other \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

PCP: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Speech Therapy Intake Concerns

### How is your child current communicating?

- Not communicating    Signs/Gestures    Sounds/words    Sentences    Other \_\_\_\_\_

### What are the concerns for speech therapy? Check all that apply

- Nonverbal or Limited speech  
(Do they have an AAC device?  yes  no; If so, name of device? \_\_\_\_\_)
- Delay in speech and language milestones
- Speech is difficult to understand
- Difficulty communicating wants and needs (e.g. often frustrated, tantrums)
- Difficulty following directions and commands
- Difficulty expressing thoughts/ ideas
- Difficulty with understanding and using age appropriate social skills
- Voice concerns (e.g. hoarse voice, vocal nodules)
- Stuttering (e.g. Gets stuck on sounds/words, repeats sounds/words in speech)
- Other \_\_\_\_\_

## Occupational Therapy Intake Concerns

### What are the concerns for occupational therapy? Check all that apply

- Sensory concerns-avoids activities, seeks activities and/or has aversion to touch, sight, sounds, smells
- Difficulty with gross motor skills (e.g. walking, hopping, jumping or often clumsy, falling)
- Difficulty with self-help/fine motor skills (e.g. dressing/undressing, grooming tasks, or tying shoes)
- Difficulty with transitioning between activities without issues
- Difficulty with attending to tasks
- Lack of play skills
- Difficulty with handwriting skills
- Difficulty with Self-Regulation skills (e.g. calm down when upset/excited, control impulses)
- Difficulty with executive functioning skills (e.g. problem solving, working memory, planning)
- Other \_\_\_\_\_

## Behavior intake questions (for all concerns)

### Are there any behavioral concerns for your child?

yes    no

If **Yes**, please describe (i.e., disruptive, self-injurious, aggressive toward others, repetitive patterns of movement, use of objects or speech)?

**Do the behaviors get in the way of doing daily tasks? If yes, how and how are they able to be redirected/controlled?**