



INTAKE FORM _____

PERSONAL INFORMATION

Child's name: _____ DOB _____ Age _____ Gender _____

Address: _____

Parent/Guardian 1: _____ Occupation _____

Phone: _____ Email: _____

Parent/Guardian 2: _____ Occupation _____

Phone: _____ Email: _____

Do you have insurance? Yes No If yes, please list _____

Languages spoken in the home _____

Does your child speak these languages? Yes No

List of siblings (with ages) and other persons living at home:

Has anyone in your family ever had any speech, language, learning, or any other difficulties?

Name of school, daycare, or other relevant agencies and programs your child attends:

How did you hear about us? _____

MEDICAL HISTORY

Please list any diagnoses your child has received: _____

Complications at birth? Yes No

History of ear infections? Yes No Last hearing test? _____ Glasses? Yes No

Difficulty feeding after birth? Yes No _____

Does your child experience any pain, coughing, or difficulty swallowing when eating or drinking?

Yes No Please describe _____

Is your child taking any medications? Yes No If yes, please list medications and purpose:

Has your child received any of the following services before? (check all that apply)

- Speech Therapist
- Occupational Therapist
- Physical Therapist
- Audiologist
- Orthodontist
- Orofacial Myologist
- ENT
- Psychiatrist/Psychologist
- Other _____

Please provide further information:



COMMUNICATION

Which of the following areas does your child need speech therapy to improve? *(check all that apply)*

- Understanding language
 - Expressing language
 - Speech sounds
 - Fluency/stuttering
 - Literacy skills
 - Social Communication (e.g., maintaining conversation)
- What percent do you understand? _____ %
What percent do others understand? _____ %

Please describe how your child is impacted by these concerns: _____

Does your child currently: *(check all that apply)*

- Follow simple directions
- 1-step directions
- 2-step directions
- 3+ step directions
- Point to or look at an object you are talking about
- Point to basic body parts you name?
- Answer simple yes/no questions accurately?
- Understand prepositions (in, under, on, etc.)
- Understand colour and size words?

Which of the following describes how your child communicates?

- Points, gestures, or vocalizes (sounds)
- Looks at something they want
- Facial expressions
- Body language
- Pulls you or takes your hand and points
- Pictures/communications boards
- Echolalia (repeating words or chunks of sentences)
- Single words. How many? _____
*Age of first word _____
- Two-words combined
- 3-4 words combined
- Full sentences
- Communication device

What are your child's strengths and likes?

What are your main areas of concern?

Any other comments?