



Intake Form

1. Name of client _____
2. Phone # _____ Age _____
Address _____ E-Mail Address: _____
3. Why you are requesting services from this company?
_____.
4. At the end of this experience what would you have hoped to have gained?

_____.
5. Do you understand your child? If so, how much on a scale of 1-10 (*1-I don't know what s/he is saying, 10-I understand everything*)

_____.
6. Have you or your child received speech therapy in the past? Yes No
From whom? _____ How long? _____.
7. How many minutes per day do you assist yourself or your child with improving articulation/communication? _____.
8. Is there a familiar history of speech delays? If so, please explain.

_____.
9. What are some things that you (your child) enjoy?
_____.

10. Do you (your child) have allergies?

_____.

11. Are you (or your child) presently on any medication?

12. Is there anything you would like me to know about you (or your child)?

13. When was your child's last hearing screen? Audiological examination?

14.

Services, Payments, Insurance

SLP Communications, is a private establishment, which prides itself on providing compassionate service in a friendly environment. Because this is a small business, we only bill Blue Cross-Champus and Tricare Prime Carriers. If you do not have one of the aforementioned insurance carriers, payment is expected at the end of each session. Please sign below indicating that you understand this policy.

By signing below you also authorize Cornelia H. Long/SLP Communications to bill your insurance carrier.

Signature of Parent/Guardian/Client

Printed Name of Parent/Guardian/Client

Insured I.D. Number (Tricare members please provide sponsor's social)
