

EMERGENCY CONTACT INFORMATION

FULL NAME

ADDRESS

PHONE: CELL HOME WORK

SOCIAL BACKGROUND

Describe your childhood, including any diagnoses, accidents, or communication difficulties

What is the highest level of education have you completed?

Describe your social life. Do you gather with friends?

How do you usually communicate with others? Circle all that apply:
 Face-to-face Email Video call (Facetime, Zoom)
 Phone Call Text Message Other

How has your communication problem impacted your work and social life?

HEALTH BACKGROUND

Has your hearing been tested recently? Circle Yes No

DATE
PLACE
RESULTS

Describe any serious illnesses, injuries, or medical procedures you have experienced.

List any environmental or food allergies.

List current medications and their purposes

Describe any other conditions or diagnoses

Describe any difficulties with your **voice, eating, swallowing, chewing, or textured foods**

Have you ever received a speech and language evaluation? If yes, where, when, and what were the findings?	
What do you hope to accomplish by participating in speech therapy?	
Insurance Carrier:	ID#

Please provide any additional information that you feel may be helpful for your therapist.

Thank you for taking the time to complete this information.

YOUR SIGNATURE

DATE