



Speech-Language Intake Form (ADULT)

Patient Information 1/8

Date: DD/MM/YYYY Full Name: Preferred Name:

Sex: Gender: Birthdate: DD/MM/YYYY Age: Marital Status:

Alberta Health Care #: Street Address:

Cell #: Postal Code: City: Prov:

Home #: Email:

Occupation: Employer:

Emergency Contact: Relationship: Phone #:

* We communicate appointment reminders, invoices, receipts, exercise programs & health tips via email. We hate spam, but we really value educational information. Do we have permission to utilize your email address? Yes No

Medical Information 2/8

Family Medical Doctor's Name: Clinic:

Date of last MD visit: Reason:

What therapies have you previously received? Chiropractic Massage Acupuncture Physiotherapy

Occupational Therapy Speech Language Pathology Psychology

* Communication between healthcare providers can greatly improve the quality and safety of patient care. If necessary, do you consent to allow your health provider at PHP to contact your child's health practitioner? Yes No

Extended Health Benefits & Other Insurance 3/8

Do you have a private insurance plan? No Yes

Name of primary policy holder (Spouse/Parent):

Policy #:

Which Company?

Member ID: Group #: (ABC Only)

How Did You Hear About Us? 4/8

Referred by Friend/Family Referred by Medical Doctor Internet/Website Street Sign

Referred by Trainer/Coach Walk In Health Care Event Other:

*Whom may we thank for this referral?

Language History

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Primary Complaint/Purpose of Appointment:

When did you first notice these difficulties?

Have you ever been seen by another SLP for similar challenges? No Yes; **Clinic and Name of SLP:**

Can we contact them? No Yes

Please note and describe any therapy history (ex. inpatient, outpatient, rehabilitation facility, etc.)

If known, please list any previous language assessments performed, dates, and results:

Please note all languages spoken:

Please note any previous speech and/or language difficulties prior to the current situation:

Please describe any relevant medical & educational history (ex. concomitant condition, medical tests, vocational history, etc.)

Do you use a communication device (ex. iPad, poster, etc) **to communicate?** No Yes

Family History

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Please note any relevant family history (ex. Language Difficulties, Learning Difficulties, Stuttering, etc.)

Current Language Abilities

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When the you speak, are you able to be understood by:

Spouse/Partner Children or Grandchildren Friends Stranger

Do you have any difficulty with the following:

- Pronouncing words clearly
- Word finding
- Producing complete sentences
- Telling a story
- Speaking fluidly
- Reading or writing
- Understanding simple sentences
- Understanding complex sentences
- Understanding a story
- Social interactions

Please list a few of your interests, hobbies, likes, family members, etc:

Please note any other relevant information: