

# Speech Therapy Patient Intake Form

## Patient Information

Full Name

Date of Birth

Address

Phone Number

Email

## Parent/Guardian Information (if applicable)

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

## Referral Information

How did you hear about us?

## Reason for Referral

Briefly describe the reason for seeking speech therapy

## Medical History

Relevant medical history, diagnoses, or conditions

## Developmental History

Were developmental milestones (e.g., talking, walking) met as expected?

## Previous Therapy

Has the patient received speech therapy before?

If yes, where and when?

## Additional Information

Is there anything else you'd like us to know?