

# Autism Spectrum Speech Therapy Intake Form

## Client Information

Full Name

Date of Birth

Gender

Address

Parent/Guardian Name

Phone Number

Email

## Medical & Developmental History

Diagnosis (if any)

Other Therapies (current or previous)

Medications

## Speech & Language Concerns

Describe your concerns regarding speech and language

Age of first words

Current communication methods

Languages spoken at home

## Social & Behavioral Information

Strengths and Interests

Any Challenging Behaviors?

## Goals for Therapy

What are your goals for speech therapy?

## Additional Information

Is there anything else you would like us to know?