**New Client Intake Form**

**General Information**

Client’s Name:

Guardian’s Name:

Gender: [ ]  Male [ ]  Female [ ]  Other

Date of Birth:

Age:

Email:

Primary Phone Number:

Secondary Phone Number:

Address:

Grade/School:

Referred by:

**Client Background**

Diagnosis:

Likes:

Dislikes:

Other Therapies:

[ ]  Applied Behavioral Analysis (ABA)

[ ]  Physical Therapy (PT)

[ ]  Occupational Therapy (OT)

[ ]  Other:

Deficits:

Guardian/Client Goals and Requests:

**Availability for Therapy**

[ ]  Monday

[ ]  Tuesday

[ ]  Wednesday

[ ]  Thursday

[ ]  Friday

[ ]  Saturday

[ ]  Morning (9 a.m. – 12 p.m.)

[ ]  Afternoon (1 p.m. – 4 p.m.)

[ ]  Evening (5 p.m. – 7 p.m.)

**Services**

Session Type:

[ ]  Individual Therapy

[ ]  Reading Therapy

[ ]  Hippotherapy

[ ]  Social Skills GroupAppointment Type:

*(Please check all that apply)*

[ ]  Initial Consult

[ ]  Comprehensive Evaluation with Report

[ ]  Comprehensive Evaluation without Report

[ ]  Weekly Therapy

[ ]  Second Opinion

Previous Speech-language Treatment?

[ ]  Yes [ ]  No

Previous Testing:

[ ]  Yes [ ]  No

If yes, please explain:

Previous Reports/Evaluations

*(Please check all that apply)*

[ ]  IEP

[ ]  Speech-language Evaluation

[ ]  Psycho-educational Evaluation

[ ]  Neuropsych Evaluation

[ ]  Audiologist Evaluation

[ ]  Other:

**After completing this form, please save as "Last Name Intake" (e.g., Reynolds Intake)
and email it to** **jmreynolds1231@gmail.com****.**

**For Office Use Only**

Communication Log: