**Client Intake Form**

Name       Today’s Date

Legal Name if Different       Name on Insurance Card

Medicare Number       Medicare-Secondary Insurance Number

Sex Assigned at Birth       Gender Identity       Pronoun

Date of Birth       Age       Height       Weight

Full Address

Phone

Email

Occupation

Native Language(s)

Who Referred You

Name, Email, and Phone of Emergency Contact Person

1. When did you start speaking English?

2. What languages do you currently speak and what percent of your time do you currently speak each one?

3. What concerns do you have about your speech and communication?

4. What goal(s) do you have regarding your speech and communication?

5. Do you have any chronic conditions, such as seasonal allergies, asthma, diabetes, or other?

6. What medications are you taking (for anything)?

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