



Wonderfully Made Speech and Language, LLC

Intake Form: Adult

Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment#

City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Marital Status: _____ Spouse's Name: _____

Birth Date: _____ Concerns: _____

Medical Diagnosis: _____ Received therapy in the past? _____

Health History

Primary Language: _____ On a regular diet? _____

Describe any health problems you feel might be affecting your communication abilities.

Head Trauma? _____ Date: _____ Stroke? _____

Name of Physician and Phone Number: _____

Can other adults understand your speech? _____

Can you express complete thoughts when speaking? _____

What are your strengths? _____

What would you like to work on in therapy? _____

Occupation/Interests

Occupation: _____ Highest Level of Education: _____

Interests: _____
