

Speech Solutions, llc  
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### CLIENT INTAKE FORM

<b>Name of Client:</b>		<b>Parent(s)/Guardian(s):</b>
<b>Address:</b>		<b>Phone:</b>
<b>Date of Birth:</b>		<b>Pediatrician:</b>
<b>Age:</b>	<b>Grade:</b>	<b>School:</b>
<b>Siblings:</b>		<b>Siblings' Ages:</b>
<b>Reason for Referral:</b>		

History

<b>Pregnancy Complications:</b>		<b>Birth Complications:</b>	
<b>Term of Pregnancy:</b>			
<b>Medical History (*Please include placement of P.E. Tubes/hospitalizations):</b>			
<b>Any complications with Adenoids, Tonsils, Allergies, and/or Ear Infections:</b>			
<b>Has your child undergone a full Audiological Evaluation? If so, where, when, and what were the findings?</b>			
<b>Is there a family history of speech/language difficulties? If so, what is the relationship to the client?</b>			
<b>Medications:</b>			

**Developmental Milestones**

**Did your child experience any delays (e.g. sitting up, walking, speech and language, gross motor skills, fine motors skills)?**

**Dental History:**

Please include any structural differences, use of appliances such as, palatal expander, thumb or finger sucking, and/or use of pacifier.

**Oral Motor Skills**

Does your child have trouble eating or drinking? Please describe.

Do you observe forward tongue posture while your child is eating/drinking or at rest? Please describe.

Do you observe any drooling? Please describe.

**Speech and Language Skills:**

**Does your child follow directions and understand language in various settings?**

**Does your child verbally communicate his/her thoughts using complete sentences to get his /her needs met? Please describe/give examples.**

**Are there any academic/social concerns? Please describe.**

**Does your child appear frustrated due to speech and language difficulties? Please describe.**

**How often do you understand your child's speech when context is unknown? Please estimate a percentage of time that you understand (e.g., 50% of the time)?**

**How about unfamiliar listeners?**

**Has your child been evaluated for speech and language concerns in the past? If so, when and where? Please describe findings.**

**Did your child receive speech and language services in the past? If so, when and where?**

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**Does your child receive speech and language services presently? If so, where and how often?**

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**What does your child enjoy (e.g. sports, games, school subjects)?**

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**THANK YOU FOR COMPLETING THIS FORM!**

**Please return the completed form via email or postal mail:**

Email: [cwoloohojian@gmail.com](mailto:cwoloohojian@gmail.com)

Postal Mail: **Carla Woloohojian, SLP, LLC**  
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