



SPEECH-LANGUAGE PATHOLOGY ADULT COMMUNICATION INTAKE FORM

Date	Age
-------------	------------

I. PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Full Address: _____

E-Mail: _____

Phone: _____ Phone 2: _____

Languages spoken: _____

Marital status: _____ # Children: ____ Ages of children: _____

Family physician: _____ Location/Phone: _____

Referral Source: _____

Previous SLP interventions (list): _____

Highest education/certifications completed(list): _____

Present employment (where, duration, position, duties):

II. HEALTH HISTORY

Please describe your general health currently: _____

Please check all that apply to your general health/medical history and provide additional information in comments, if needed.

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> hyperthyroidism | <input type="radio"/> high / low (circle) blood pressure |
| <input type="radio"/> hypothyroidism | <input type="radio"/> heart attack |
| <input type="radio"/> hormone therapy | <input type="radio"/> shortness of breath |
| <input type="radio"/> rheumatic fever | <input type="radio"/> asthma |
| <input type="radio"/> scarlet fever | <input type="radio"/> allergies |
| <input type="radio"/> sinus infections | <input type="radio"/> heartburn/indigestion |
| <input type="radio"/> polio | <input type="radio"/> stomach ulcers |
| <input type="radio"/> respiratory problems | <input type="radio"/> hiatal hernia |
| <input type="radio"/> ear infections | <input type="radio"/> TMJ issues |
| <input type="radio"/> cardiac condition | <input type="radio"/> hearing loss |
| <input type="radio"/> neurological disorder | <input type="radio"/> dry mouth |
| <input type="radio"/> uncoordinated facial or tongue muscles | <input type="radio"/> dry throat |
| <input type="radio"/> difficulty with walking or balance | <input type="radio"/> swallowing problems |
| <input type="radio"/> mental health (depression, anxiety, etc.) | <input type="radio"/> chronic colds |
| <input type="radio"/> random or purposeless movements | <input type="radio"/> frequent laryngitis |

- chronic bronchitis
- chronic rhinitis (runny nose)
- chronic sinusitis
- Other Upper Respiratory Condition?

- Surgery on your throat/larynx? When?

- Cardiac Surgery? When?

- Chest Surgery? When?

- Thyroid Surgery? When?

- Stroke? When?

- Injury to the neck? When?

- Chemical or Inhalation Exposure?
When? _____
- Other, explain: _____

Comments: _____

Any other surgeries, illnesses or major accidents? _____

List Allergies: _____

Have you been prescribed to wear the following (please circle): hearing aids prescription glasses

Please list the medications you are presently taking, amount and for what (prescription and non-prescription):

III. COMMUNICATION GOALS

Oral communication strengths:

I am confident that I can...

1. _____
2. _____

Priority areas for improvement:

I would like to improve my ability to...

1. _____
2. _____

Specific goals:

- How to manage the fear of public speaking
- Verbal techniques to add power and persuasion
- How to structure a winning talk/presentation, small or large
- How to motivate and influence others
- How to engage in small talk
- How to be more confident in social interactions
- Vocal techniques to produce your best voice and sound calm, clear and confident
- Vocal hygiene to preserve and maintain voice health and quality
- How to use advanced body language to build rapport and trust

- Enhancing or modifying my English accent
- Improve overall oral communication skills (vocabulary, speed, enunciation, emphasis)
- Techniques for speaking on the phone
- Written communication skills
- Other: _____

How would your closest friend(s) describe you and your personality?

What is your idea of an effective communicator?

What is your learning style?

What do you value most in your pursuits? (e.g. money/compensation, achievement, appreciation, recognition, responsibility, etc.)

Any additional information or specific questions you'd like answered during the assessment?

Thank you.