

THE RATALK SPEECH/LANGUAGE PATHOLOGY, P.C.

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SPEECH/LANGUAGE/SWALLOWING EVALUATION

Adult Intake Form

GENERAL INFORMATION

Patient's Name: _____

Address: _____

Date of Birth: _____ Date of Evaluation: _____

Phone # _____ Age at Evaluation _____

Sex _____ Occupation _____

Place of Employment _____

Marital Status _____ Children (names & ages) _____

Patient's Physician _____ Physician's Phone # _____

Physician's Address _____

Referred by _____

Reason for Referral _____

Patient's statement and description of the problem (including onset) _____

Names of Physicians consulted about this problem _____

Cite any previous speech, language, swallowing evaluations or therapy conducted _____

Languages spoken by the patient _____

How many years has the English language been spoken _____

How proficient is the patient with the English language? _____

Can the patient read and write in English previously and currently? _____

CASE HISTORY

Past Medical History (please describe and note age, duration and treatment of each)

childhood diseases/disorders- _____

past and current illnesses- _____

allergies- _____

upper respiratory infections- _____

pneumonias- _____

surgeries- _____

injuries (including head injuries)- _____

hospitalizations- _____

medications-_____

high fevers-_____

high blood pressure-_____

cardiac problems-_____

trauma-_____

psychological problems-_____

Hearing status_____

Any recent hearing evaluations (include date and results)_____

Any current weakness or paralysis?_____

Any neurological problems (include history of stroke)_____

Speech & Language History (*difficulties in early speech and language development; any previous learning difficulties; hearing and language problems in the family*)

Any difficulties with swallowing? If so, please describe including treatment provided._____

Educational History (including dates)_____

School attended_____

Degree_____

Area of Specialization_____

Name of person who filled out this form:_____

Signature:_____

Please return this form to our office prior to the initial evaluation. Thank you.

All information will be held in strict confidence and not released to any person(s) without explicit authorization nor shared with any unauthorized person.

Theratak Speech/Language Pathology, P.C. prohibits discrimination on the basis of race, religion, color, national or ethnic origin, age, sex, sexual orientation, marital status or disability.