

# 2023 Intake

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## 1. Please enter the patient's information:

Patient's Legal Name:	_____	Patient's Date of Birth:	_____	Patient's Legal Sex:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Prefer not to disclose
Patient's Preferred Name (optional)	_____	Patient's Pronouns (optional)	_____		
Street Address:	City:	Apt./Unit #:	State:	Zip Code:	
_____	_____	_____	_____	_____	
Parent Name(s)	_____				
Mobile Phone:	Home Phone:	Work Phone:			
_____	_____	_____			
Email:	_____	Preferred contact method:	<input type="radio"/> Mobile Phone <input type="radio"/> Home Phone <input type="radio"/> Work Phone <input type="radio"/> Email		
Do we have permission to email or leave you a voicemail regarding your appointment?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Which location would you prefer?					
<input type="checkbox"/> St. Paul <input type="checkbox"/> Maplewood <input type="checkbox"/> Arden Hills <input type="checkbox"/> Plymouth					

## 2. Primary Insurance:

Primary Insurance Company	Member ID / Policy #	Group Number
_____	_____	_____
Policy Holder Name	Place of Employment	
_____	_____	

## 3. Secondary Insurance:

Secondary Insurance Company	Member ID / Policy #	Group Number
_____	_____	_____
Policy Holder Name	Place of Employment	
_____	_____	

## 4. Primary Care Physician and Clinic Name:

\_\_\_\_\_

## 5. Referral Source - How did you hear about us?

\_\_\_\_\_

6. Do you speak any other languages at home? If so, please list below

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7. Please describe your concerns.

8. Has the patient ever been evaluated for speech and language concerns? If so, when and where?

9. Has the patient ever received speech and language services before? If so, when and where?

10. Has the patient ever been evaluated by any other professionals such as a psychologist, neuropsychologist, or occupational therapist? If so, when and where?

11. Has the patient's hearing recently been checked? If so, when and where? Please describe any hearing concerns below.

12. Is there anything else you would like us to know about the patient?