



Palm Beach Speech-Language Specialists

NEW PATIENT INTAKE FORM

Date:

Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, ZIP

City, State, ZIP

Email

Email

Name of other specialists treating child:

Has child had an audiological exam?

What were the results?

REFERRAL INFORMATION

Who can we thank for referring you?

Are there any illnesses or medical conditions which have been diagnosed?

What are your major concerns about your child?