

Therapy: \_\_\_\_\_

ICD10: \_\_\_\_\_

Intake Date: \_\_\_\_\_ Time: \_\_\_\_\_

SLP: \_\_\_\_\_



## Thinking Tools! & PlayGroup New Client Intake Form

Today's Date: \_\_\_\_\_

### **Patient Information:**

Person Completing Form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other(s): \_\_\_\_\_

Siblings? \_\_\_\_\_ Names and Ages: \_\_\_\_\_

Are you a returning patient? ☐ Yes ☐ No

If yes, when did you last attend Speechy and the age of enrollment: \_\_\_\_\_

### **Caregiver Contact Information (if other than parent)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

### **Referral Source -Please tell us how you found Speechy:** \_\_\_\_\_

☐ Google ☐ Instagram ☐ Yelp ☐ Previous Client ☐ Physician Name \_\_\_\_\_

### **Health & Developmental Information**

Child's Pediatrician (PCP): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Diagnosis (if any given, by whom and when): \_\_\_\_\_

### **Speechy Learning Center**

1164 Chestnut Street, Menlo Park, CA 94025  
(844) SPEACHY or (844) 773-2249 [www.speechy.com](http://www.speechy.com)



Have you had a comprehensive speech and language evaluation in the last 18 months? ☐ Yes ☐ No

If yes, where and by whom (Please provide a copy):

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Any Current/Previous Therapies:

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Is the child currently taking any medications? ☐ Yes ☐ No ☐ Uncertain

Please list: \_\_\_\_\_

<b>Has the child had:</b>	<b><u>Age Started</u></b>	<b><u>Descriptions/Comments</u></b>
Frequent Colds	_____	_____
Ear Infections	_____	_____
Asthma	_____	_____
Vision Problems	_____	_____
Physical Handicap	_____	_____
Attention Deficit Disorder	_____	_____
Traumatic Brain Injury	_____	_____

Has the child had any other serious illnesses, accidents, or injuries? ☐ Yes ☐ No

If yes, briefly describe:

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Did the child meet all developmental stages on time? (e.g., sitting, crawling, walking, feeding self):

☐ Yes ☐ No If not, please describe: \_\_\_\_\_

Does the child have/show any of the following behaviors: (Check all that apply)

☐ Demands attention excessively ☐ Hyperactive ☐ Unusual stress at home



- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Short attention span            | <input type="checkbox"/> Withdrawn    | <input type="checkbox"/> Confused in noisy places        |
| <input type="checkbox"/> Nervous or anxious              | <input type="checkbox"/> Tires Easily | <input type="checkbox"/> Talks excessively               |
| <input type="checkbox"/> Easily frustrated               | <input type="checkbox"/> Aggressive   | <input type="checkbox"/> Difficulty Following Directions |
| <input type="checkbox"/> Overly sensitive to loud noises | <input type="checkbox"/> Under active | <input type="checkbox"/> Prefers to play alone           |
| <input type="checkbox"/> Plays well with playmates       | <input type="checkbox"/> Impulsive    | <input type="checkbox"/> Easily Distracted               |
| <input type="checkbox"/> Makes inappropriate statements  | <input type="checkbox"/> Poor eater   |  |

Briefly describe your concerns:

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When was the behavior first noticed? \_\_\_\_\_

What steps have been taken to address your concerns:

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### **Educational and Social Information**

School presently attending: \_\_\_\_\_

Grade level: \_\_\_\_\_ Any additional services: \_\_\_\_\_

Does the child have serious difficulty in any subject/activity? ☐ Yes ☐ No

If yes, what subject? \_\_\_\_\_

Special interests: \_\_\_\_\_

### **Additional Comments/Other Information**

Is there any other information you feel would help us evaluate your child?

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Are there any questions you would like to ask us?

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## Social Skills Questionnaire

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

School: \_\_\_\_\_

Please mark the rating which best describes your child over *the past four weeks*.

**Mark the number 0 if the item is not true. Mark the number 1 if the item is sometimes true. Mark the number 2 if the item is mostly true.**

Please answer all items.

		Not true	Sometimes true	Mostly true
1	Listens to other people's points of view during arguments			
2	Makes requests from parents in a polite way			
3	Controls his/her temper when he/she loses in a game or competition			
4	Reacts appropriately if other kids tease him/her or say unkind things			
5	Asks to join in activities with other kids in an appropriate manner			
6	Expresses affection or positive feelings to others			

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7	Does kind things for others voluntarily			
8	Gives compliments or says nice things to others when appropriate.			
9	Controls his/her temper when told off or criticized by parents			
10	Asks permission before borrowing or using other people's things			
		Not true	Sometimes true	Mostly true
11	Shares things with other kids his/her age			
12	Controls his/her temper during disagreements with other kids			
13	Asks other kids if he/she may join in their activities			
14	Has an appropriate facial expression (e.g., not excessive grinning or aggressive)			
15	Apologizes when he/she does something wrong			
16	Joins in family activities			
17	Invites others to join in games or activities			
18	Tells a parent if he/she has a problem or needs help			
19	Expresses sympathy or concern to others who are hurt or upset			
20	Follows rules in games or activities			
21	Takes part in social or sporting activities with other kids			
22	Takes part in conversations with adults			
23	Makes eye contact appropriately with others during conversations			
24	His/her tone of voice is appropriate (e.g., not aggressive or unusual)			



25	Controls his/her temper when he/she does not get his/her own way with parents			
26	Laughs or smiles when appropriate			
27	Takes part in conversations with other kids			
28	Shows that he/she is listening to others during conversations			
29	Can express his/her feelings of anger but without losing his/her temper			
30	Stands up for him/herself appropriately if other kids act unreasonably			

Additional questions:

Tell us more about your concerns regarding your child's social skills

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Describe any therapies your child has had if any (speech, psychological, other):

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Duration of therapy:\_\_\_\_\_

Date therapy stopped (if applicable):\_\_\_\_\_

Other information:

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